

American Dental Association

ADACommons

[ADA News](#)

[ADA Products and Publications](#)

9-20-2004

ADA News - 09/20/2004

American Dental Association, Publishing Division

Follow this and additional works at: <https://commons.ada.org/adanews>



Part of the [Business and Corporate Communications Commons](#), [Dentistry Commons](#), and the [History of Science, Technology, and Medicine Commons](#)

Recommended Citation

American Dental Association, Publishing Division, "ADA News - 09/20/2004" (2004). *ADA News*. 138.
<https://commons.ada.org/adanews/138>

This News Article is brought to you for free and open access by the ADA Products and Publications at ADACommons. It has been accepted for inclusion in ADA News by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.

AMERICAN DENTAL ASSOCIATION
News®
 ADA

SEPTEMBER 20, 2004

www.ada.org

VOLUME 35, NO. 17

One exam for all?

BY KAREN FOX

The concept of a single clinical licensure examination that would have national acceptance moved a step closer to reality last month.

Seeking to ensure that the development of a national exam remains a collaborative effort among the communities of interest, the Board of Trustees Aug. 9 approved Resolution B-83-2004 establishing a national consensus

■ **Dr. Vanderkaay's son wins gold in Athens, page 27**

committee to gain input from key stakeholders and to monitor the American Association of Dental Examiners' process and progress. The Board reached its decision following presentations from Dr. T. Howard

Jones, chair of the Task Force on Patient-Based Examinations, and representatives from the AADE.

"The Board of Trustees agrees with the task force that it is time for the development of a national clinical licensure examination," said ADA President Eugene Sekiguchi. "The Board wants this done in a collaborative way that includes the communities of interest. The report made by

AADE representatives at the Aug. 9 meeting gave us additional information and provided the reassurance that this project is well under way, and that AADE supports input from all the communities of interest."

The resolution calls for the ADA Board to closely monitor this progress.

"I am pleased that the Board agreed
See EXAM, page 25

BRIEFS

New JADA address:

Starting immediately, manuscripts submitted to The Journal of the American Dental Association should be sent to the Publishing Division's office at ADA headquarters in Chicago.

Until now, JADA manuscripts have been managed out of the Philadelphia offices of JADA Editor Marjorie K. Jeffcoat, who will pass the reins to a new editor at the end of 2004.

Transferring manuscript handling to Chicago is meant to facilitate a smooth transition for whoever is chosen as new editor.

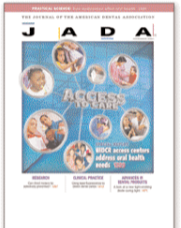
Dr. Jeffcoat will continue to oversee manuscript processing and peer review until her successor is named by the end of this year.

All questions about manuscript submission and review should be directed to Dr. Jeffcoat at this address:

Marjorie K. Jeffcoat, D.M.D., Editor

The Journal of the American Dental Association
 211 E. Chicago Ave.
 Chicago, Ill. 60611
 Phone: 1-312-440-2787
 Fax: 1-312-440-3538
 E-mail: "jada@ada.org"

JADA's Guidelines for Authors are available online at "www.ada.org/goto/authorguidelines". ■



Facing the challenges

National Campaign for Dental Education forges its mission

BY KAREN FOX

A coalition of 40 stakeholders met last month in Chicago with one goal in mind: excellence in dental education.

They came to the Aug. 24 Dental Education Forum to form a collaborative umbrella structure in support of a \$250 million campaign to promote and sustain that goal.

The Forum's purpose was to bring together practitioners, dental educators and representatives from professional associations, specialty organizations, foundations and the dental industry to further examine the major challenges facing dental schools; conduct an in-depth review of the campaign's case for support; and start to develop a synergistic approach to fundraising.

Dr. Arthur A. Dugoni, ADA Foundation president, called it "an unprecedented opportunity for dental education."

"Through a partnership of all dental education stakeholders, we'll be able to meet our profession's current and future educational needs," he added.



Dr. Sekiguchi: The Aug. 24 forum enabled the ADA to formally engage the National Campaign for Dental Education's stakeholders.

■ **A 'special moment' for Dr. Dugoni, page eight**

"It wasn't a day for making final decisions, but a day for discussing the challenges facing dental education, breaking down barriers and solidifying the lines of communication among those involved," said Dr. Greg Chadwick, a past ADA president who

was voted chair of the National Campaign for Dental Education Task Force.

"This campaign is a great opportunity for the profession to work together to address some of the key concerns facing dental education," Dr. Chadwick continued. "I'm excited about having a role in this collaboration between all the groups involved in this unique fundraising campaign."

The campaign's mission is to
See EDUCATION, page 24

Managing amalgam waste

New ADA video free at session

BY MARK BERTHOLD

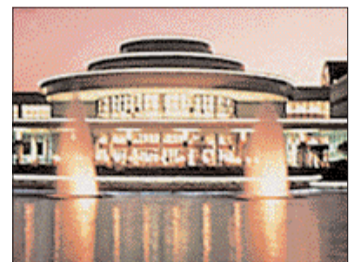
If the ADA's Best Management Practices for Amalgam Waste haven't yet caught your attention, here's something a little easier on the eyes: a free, 10-minute, step-by-step video on how you can implement BMPs in your dental practice.

This attractive video will be unveiled Oct. 1 at annual session in the BMP Features area in the ADA Pavilion, where free videos will be given away.

That same day, the ADA will mail 10 free copies of the video—five in DVD format and five VHS tapes—to all dental society executive directors to share with their members.

In addition, the ADA will post the video on ADA.org at "www.ada.org/goto/amalgamvideo" (this link will become
See BMPs, page 11

INSIDE



Orlando's ready

The city is in great shape for the ADA annual session. Details throughout this issue.



Business savvy: "I always come away from the ADA Dentistry as a Business Conference with new ideas," says Dr. Massoud Aftar, at left, conferring with an exhibitor at the July 17-18 DAB Conference at ADA Headquarters in Chicago. "I go home, review what I learned with my staff and make changes to my practice." A cross-section of the profession was well-represented in the mix of dentists attending this year's meeting (above).

AMERICAN DENTAL ASSOCIATION
ADA News[®]

(ISSN 0895-2930)

SEPTEMBER 20, 2004 VOLUME 35, NUMBER 17
Published semi-monthly except for monthly in July and December by the American Dental Association, ADA Publishing Division at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADAnews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.
POSTMASTER: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, Ill. 60611. © 2004 American Dental Association. All rights reserved.

ADA

American Dental Association
www.ada.org

PUBLISHER: Laura A. Kosden
EDITOR: Dr. Marjorie K. Jeffcoat
ASSOCIATE PUBLISHER: James H. Berry
NEWS EDITOR: Judy Jakush
ASSISTANT NEWS EDITOR: Arlene Furlong
WASHINGTON EDITOR: Craig Palmer
SENIOR EDITORS: Karen Fox, Mark Berthold, Stacie Crozier
ELECTRONIC MEDIA EDITOR: Joe Hoyle
EDITORIAL ASSISTANT: Chrestine Johnson
CREATIVE DIRECTOR: Peter Solarz
TECHNOLOGY MANAGER: Paul Gorski
PRODUCTION: Susan Chauvet, Angie R. Miller, Jeanie Yu
NATIONAL SALES MANAGER: Bud McKeon
DIRECTOR OF PRODUCTION: Elizabeth Cox
PRODUCTION ASSISTANT: Katrina Collins
DIRECTOR, SALES & MARKETING: Carol J. Krause
ADVERTISING SALES MANAGER: Michelle Boyd
MARKETING MANAGER: Jill Philbin
CIRCULATION CUSTOMER SERVICE REP: Wanda Welch, Gwen Johnson

ADVERTISING POLICY: All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

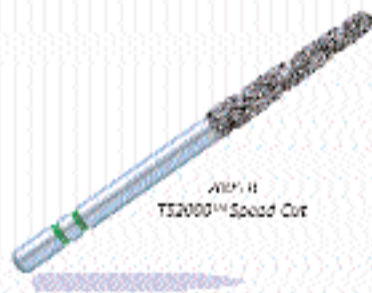
ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern representative: Vince Lagana, PO Box 6, Pocono Pines, PA, 18350; phone 1-570-646-7861. Central representative: Robert J. Greco, Hilltop Executive Center, 1580 S. Milwaukee Avenue, Suite 404, Libertyville, Ill. 60048; phone 1-847-522-7560. Western representative: Audrey Jehorek, 8 Hexham, Irvine, Calif. 92612; phone 1-949-854-8022.

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members \$8 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$61; institution \$90 per year. Foreign individual, \$84; institution \$113 per year. Canada individual, \$73; institution \$102 per year. Single copy U.S. \$9, outside U.S. \$11. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, Suite 2010, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the back of your membership card.



Distinctly Faster



PREMIER PRESENTS

Two Striper

The distinctly faster TS2000™ Speed-Cut diamond is recognized as the "Fastest Brand" and cited for "fastest cut and best longevity" by a leading independent dental research organization. Available in over 40 popular crown prep shapes, the TS2000 saves both time and money by allowing you to perform gross reduction and finish your margin without changing burs.

Only Two Striper diamonds, available from Premier, are made in the U.S.A. by a patented bonding process.

Stripping and peeling of diamond is virtually eliminated. Imported electroplated burs use a uniform layering technique that mechanically entraps diamonds in a tenacious bond that can't compromise performance and useful life.

Two Striper diamonds cut faster, cut cooler and last longer due to controlled diamond spalling and better exposure of natural diamond crystals at the critical tips and corners.

Two Striper diamonds are available in a variety of shapes including NEW MicroPreps.

Two Diamonds In One



TS2000 Speed-Cut diamonds provide rapid gross reduction and an accurate finished margin without changing instruments.

Premier Dental Products Co. Premier Dental (Canada) 888-670-6100 www.premier.com
Cosmetic Endodontics/Ortho Hygiene/Perio Instruments Prosthetic

premier

® Premier is a registered trademark of Premier Dental Products Company. † Two Striper TS2000 is a registered trademark and TS2000 is a trademark of the manufacturer. ‡ Active Technology, Inc. † U.S. Patent 6,111,010. © 2004 Premier Dental Products Company. † Leading Independent Dental Research Association Report Sept. 2003

ADA
ACCEPTED
American
Dental
Association

Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

Rewarding work earns high honor

Dr. Hal Crossley recognized for devotion to addiction education

BY ARLENE FURLONG

Life and death.

It hangs in the balance for many each day Dr. Harold L. Crossley lectures on drug dependency and alcohol abuse. Yet the dentist and Ph.D. calls himself a "lucky man."

"It's pretty gratifying when someone tells me, 'Because of what you said, I'm going into treatment,'" explained Dr. Crossley. "It might sound theatrical to say God sends people to me, but I'll say it anyway."

"Surprised and flattered" is how he described his reaction to winning the Clyde and Marie Gooderham 2004 award, a hallmark for experts in the field. "It's particularly meaningful to me because I was selected by people I consider to be the creme de la creme of speakers."

Dr. Crossley won the award for his work through the years, fostering education and understanding on behalf of those who suffer from alcoholism and drug dependency.

Mr. Gooderham was a pioneer in the field of substance abuse education and prevention. He founded the University of Utah School on Alcoholism and Other Drug Dependencies in 1952. Dr. Crossley was selected by the school's board of trustees not only for his contributions to the school as a lecturer, but for his work at the University of Maryland dental school, where he is an associate professor of pharmacology, also an international speaker on such topics as pathophysiology of addiction and current trends in street drug use and drug testing.

Medical professionals and law enforcement personnel from around the country make up the majority of Dr. Crossley's audiences. Those in treatment have continuous access to his counsel by phone or e-mail.

"Working by e-mail or telephone can give a feeling of anonymity to someone seeking treatment and that helps," said Dr. Crossley. "I get people healthy and back to work again."



Dr. Crossley

An ADA Seminar Series speaker, regular presenter at ADA annual sessions and member of the Maryland State Dental Association well-being committee, Dr. Crossley also educates dentists about how to identify the substance-abusing patient.

His presentations include education on the pathophysiology of addiction, origins and mechanisms of action of some commonly abused substances and the differences between chemical abuse, dependence and addiction.

Dr. Crossley will present, "Dental Pharmacology and Therapeutics Update: What's Hot, What's Not," at the ADA annual session in Orlando on Saturday, Oct. 2, 10 a.m.-12:30 p.m. in Room 311 E. (Course code: L318.)

To schedule his ADA Seminar Series presentation, "Everything You Wanted to Know About Street Drugs but Were Afraid to Ask!" call the ADA toll-free, Ext. 2908. ■

ADA seeks work group on digital identification

The ADA Standards Committee on Dental Informatics has approved New Work Item No. 1042 for Recommendations for Digital Identification Photographs and Information.

This report is intended to improve the effectiveness and efficiency of the identification of an individual in the event of a crisis when used with digital photographs and records captured and collected by dental practitioners.

Because there are no recommendations or standards available on digital identification, the basis for this new work item is to determine what digital photographs and digital information can be captured and obtained by dental practitioners that would be useful in the event of a crisis, along with references, views and magnification of greatest value to law enforcement and other agencies. Format, storage media and mechanisms that are deemed most appropriate and beneficial are also included in the work item.

If you are interested in participating in the working group for this new work item, or would like more detailed information, please contact Paul Bralower at 1-312-587-4129 or "bralowerp@ada.org". ■

Wish your veneer cases were more consistent?

...prescribe Glidewell.



IPS Empress®
PRESSED CERAMIC VENEERS



Clinical dentistry by Dr. Michael D'Tavia

\$109
per unit



- Due to a proprietary fabrication technique, pressed veneers from Glidewell Laboratories exhibit beautiful natural contours and esthetics case after case!
- Now featuring IPS Empress Esthetic Veneer Material with enhanced leucite crystal distribution for even better looking esthetics.
- IPS Empress veneers require a minimum tooth reduction of 0.8mm and are ideal for increasing tooth length or width.

Call for your **FREE Patient Education DVD Program!**



IPS Empress is a registered trademark of Ivoclar Vivadent, Inc.

For more info & nationwide pick-up

800.830.9722

www.glidewell-lab.com

GLIDEWELL LABORATORIES
Serving Dentists Since 1970

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

Dentistry's role with an aging patient population

Recently, I took my mother to her physician for a checkup in a group practice of 12 internists. I was very aware of the volume of patients seen and the size of the waiting room. While I was waiting and flipping through an old dog-eared magazine, comparing the setup and efficiency of this practice to that of my own, a hard fact struck me. In this very crowded waiting room, there was only one other person my age; every other person was closer to my mother's age. I am aware of the issue of aging in America but only address it from an intellectual perspective. On this occasion, I experienced a strong new realization.



David B. Becker, D.M.D.

My own practice, a family-oriented general practice, treats a range of age groups, but the older segment is living longer and requiring continued preventive and restorative care. Managing our elderly patients' needs requires more awareness of their emotional and physical changes as they grow older.

I recently treated a regular patient who happens to have just turned 86 years old. She has been a patient of mine for a few decades (which points out that I am getting older, too). Having had quite a bit of reconstructive and restorative work done

over the years, some of her fixed bridgework was at a stage where rehabilitation had become necessary. As I was discussing her treatment options, I found myself suggesting lower cost repairs. The patient stopped me in mid-presentation and pointed out that she desired more extensive replacement treatment.

She also looked me right in the eye and stated that my recommendations were "clouded by her wrinkles and age." I learned a powerful lesson that day. Treatment modalities for our older patients have changed over the years. We cannot, and should not, be influenced by preconceived notions about age. The patient had a couple of implants and new bridgework inserted, which I am sure she will enjoy for years to come.

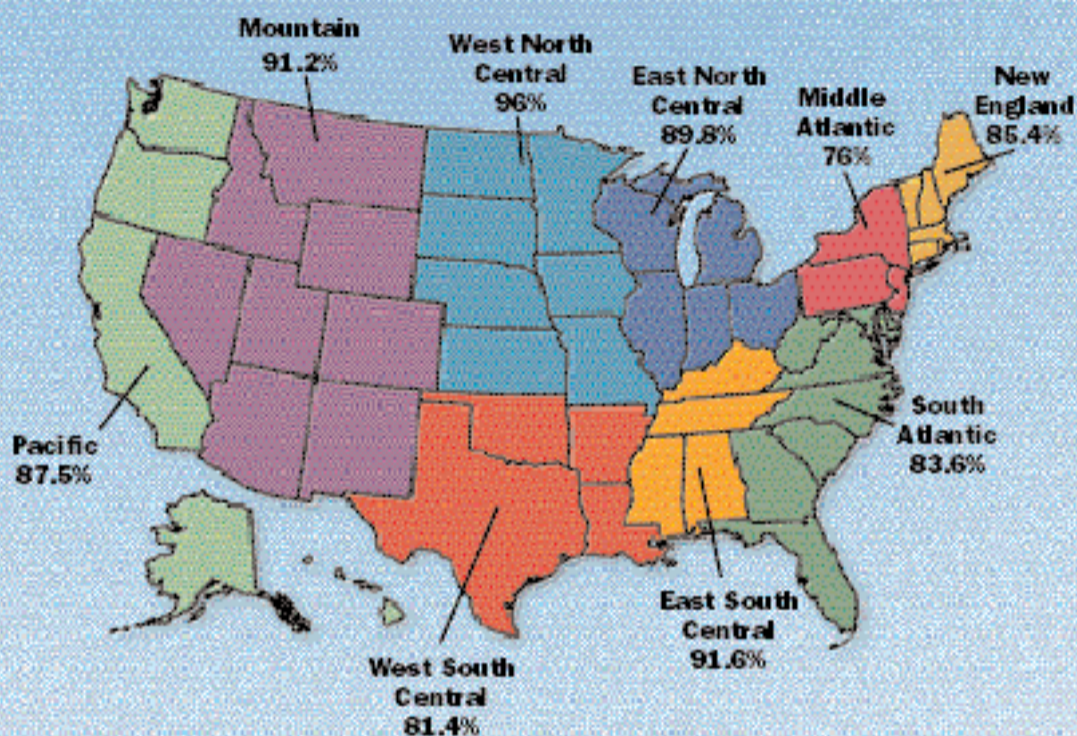
Seniors are very aware of the importance of good dental health. In a recent ADA study, 95 percent of seniors surveyed believe that healthy teeth and gums are very important to their general health. In fact, 70 percent stated that they had regular dental checkups at least once a year. Seniors also stated that their appearance is very important to them and that having a good-looking set of teeth is greatly desirable. Psychologically, the appearance of the dentition is

See MY VIEW, page five

Dental reimbursements

Overall, 84 percent of all dental primary practices in the United States accept payment from third-party payers for dental claims.

Percentage of practices accepting payment from third-party payers for dental claims, by region, all dentists (weighted)



Source: American Dental Association, Survey Center, 2003 Survey of Dental Fees

LETTERS

Why promote Listerine?

oral hygiene?

Jeffrey Hameroff, D.D.S.
Spring Hill, Fla.

As a periodontist, I am again surprised by my association. Listerine has done a wonderful job helping make the general public aware of periodontal disease, and for this I am grateful.

However, as a product, I have many issues with it ("To Floss or Not to Floss," Aug. 16 ADA News).

First, Listerine is a bactericidal agent which is non-discriminatory, both gram-negative and gram-positive bacteria are affected—in the short term a good thing, but over the long term, as their marketing would suggest, causing opportunistic bacterial overgrowth.

Secondly, the product is not alcohol free, and as we know this can cause problems with tissue burning and ulceration.

I think maybe our association should help promote products such as stannous fluoride which is known to be gram-negative cidal and promotes tooth remineralization.

Lastly, how can we even think of helping to promote a product that would even suggest reducing the need for flossing, the golden staple of

Claims 'misleading'

In over 25 years of treating patients, I have yet to find a mouthwash that can remove a three-week old hunk of rotting meat from

you only need to rinse. And that's just plain wrong.

Listerine is a great oral rinse that I use every day in my own mouth, and in all my operatory water irrigation devices. It is super when used in addition to flossing and brushing, but not in place of it.

If Pfizer insists on continuing their present advertising campaign, they should be told that they will lose their ADA Seal. Otherwise, the credibility of our Association and our profession becomes worthless.

Richard Goldman,
D.D.S.
Smithtown, N.Y.



See ADA response, pages five and six

between the teeth of a non-flosser.

The fact is that most consumers have no idea what the difference is between plaque, calculus or food. For Pfizer to tell the public that Listerine is as good as flossing (and leave out the fact that the study was very carefully crafted) is grossly misleading.

Most patients simply will hear the message that you don't need to floss;

Flossing & CDT-4

This is in response to the article, "To Floss or Not To Floss." Why should the ADA or its member dentists suddenly be concerned about Listerine advertising their product to be as effective as flossing? If the ADA really believed that flossing was important, it would have included it within the CDT-4 DENTAL PROPHYLAXIS procedure descriptors for D1110/D1120.

The ADA has had four chances to 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
include flossing in the prophylaxis procedure descriptors since CDT-1 was published in 1990. In fact, "flossing" is not even included within the CDT Glossary of Common Dental Terms (clinical).

If the ADA has failed again to include flossing as part of the dental prophylaxis procedure descriptors in the much heralded CDT-2005, Listerine (Pfizer) should not be concerned.

*Brian Benjamin, D.D.S.
Cerritos, Calif.*

Editor's note: According to the Council on Dental Benefit Programs, the description of the current prophylaxis procedure describes elements that must be included in order to report this procedure. Flossing, while not specifically mentioned, may be performed during the prophylaxis procedure. The description of the prophylaxis procedure that will be in effect as of Jan. 1, 2005, and published in CDT-2005 includes "removal of plaque, calculus and stains from the tooth structures..." The method of removal of any of these factors is not specified, and flossing may be included as part of a prophylaxis procedure.

Instructions for home care, which may include flossing, can be reported using procedure code D1330 oral hygiene instructions. This code remains unchanged in CDT-2005.

The glossary has been updated in CDT-2005. The Council welcomes members of the dental community to comment on the content of the CDT manual. Viable suggestions will be incorporated as the manual undergoes periodic updating.

A cure-all?

It seems to me that a great deal of fanfare concerning the Pfizer Consumer Healthcare claim of Listerine's plaque removal ability is strange, to say the least.

On one hand, there are two short-term studies

showing Listerine to be as effective as using floss in removing plaque in between teeth. Yet Pfizer continues to promote the usage of dental floss by the addition of a written addendum to their verbal advertising. Why? Because the ADA insisted on it, despite the studies. Without the ADA Seal of Acceptance, Pfizer might face an uphill battle to bring this new thinking to the marketplace. So they have bowed to the ADA, which sometimes frets over upsetting the "current" thinking.

On the other hand, creating dental paradigm shifts on the basis of only two short-term studies seems ludicrous. If more studies prove to contradict Pfizer's claim, will the ADA pull its Seal from the Listerine bottles? What message would that send to the consumer?

Remember that many dental products have

come on the market claiming to be a revolutionary change in dentistry and were hailed on national television—Caridex comes to mind—only to fall flat on their face because they failed to deliver on their research results in the real world. The saga of Listerine continues to evolve from cold preventer to plaque remover so smoothly that the average person probably figures that this product will eventually be a cure-all for everything that ails us.

As for my patients, I'll continue to suggest flossing on a daily basis because I know it works for me. Will I be upset if they use Listerine instead of flossing? Probably not. I figure it will either help them, or I'll be doing more interproximal restorations, inlays and crowns.

*Eugene V. Boone, D.D.S.
Vidor, Texas*

Listerine & Seal

Regarding Pfizer's claim equating use of Listerine to flossing daily, I once again see shadows of doubt creeping over our prestigious ADA Seal of Acceptance.

I wrote to you previously about Seal of Acceptance being awarded to Crest Whitening toothpaste that does not contain any ingredients that whiten. While this whitening claim is wishful at best, I feel that the clear implication that patients no longer need to floss their teeth is dangerous.

I am a firm advocate of the Sonicare toothbrush. When they advertised that "Plaque cannot hide, not even between the teeth," I immediately wrote to them stating my objection to

See LETTERS, page six



DRAMATICALLY IMPROVE YOUR SMILE IN A PERMANENT, PLEASANT, PAINLESS™ WAY

Lumineers™ by Cerinate®: an alternative to traditional veneers, can be made as thin as a contact lens and placed over your existing teeth without removing sensitive tooth structure (unlike traditional techniques).^{*} Lumineers by Cerinate are perfect for spaces between teeth, stained, chipped, or misaligned teeth, and are clinically proven to last for up to 20 years. Let Lumineers by Cerinate change your smile and your life.

- NO PAINFUL TOOTH REDUCTION
- NO SHOTS
- ONLY 2 EASY DENTAL VISITS
- PERMANENTLY WHITENS

**Experience Lumineers™ by Cerinate®
for your own smile!**

Send the Cerinate Smile Design Studio your model and photographs. We will send you a comprehensive diagnostic with a complimentary wax-up.^{**}



Call 1-800-445-0345 today!

**LUMINEERS™
BY CERINATE®**

*Not a guarantee.
**Not limited to dental professionals only. Allow 2-6 weeks for delivery.
U.S. Patent Nos. 5,612,710
©2004 Lumineers Corporation. World rights reserved. 0311 15/0401 ADA 03/04

MYVIEW

Continued from page four
one area that the patient can still control.

The dental professional needs to be cognizant of the needs and desires of the aging population. Remember that 12 percent of the U.S. population is over 65 (as compared to 3 percent in 1900). The geriatric population will still desire treatment for edentulous conditions, but this demand probably will decline because patients have become much more educated and aware of the importance of dental health.

In contrast, demand for endodontic, periodontic and restorative dentistry will greatly increase. There will be an increased need for treatment of physically debilitated older patients because even medically compromised elderly patients are keeping more of their teeth.

More and more evidence shows that dental disease is a factor in cerebrovascular, cardiovascular and pulmonary disease.

The aging of the baby boomers and their increased awareness of the benefits of good dental health will place greater demands on the dental profession to meet their oral health care needs. It is important that the profession meets this challenge.

Dr. Becker is the editor of the Journal of the Massachusetts Dental Society. His comments, reprinted here with permission, originally appeared in the Spring 2003 issue of that publication.

LETTERS

Continued from page five

the implication that patients no longer need to floss. Their response was swift. They discontinued that marketing strategy and sent a nice personal response to me along with their modified brochure.

Can we request that Pfizer cease their misleading advertisement or forfeit the Seal? If we are to be the respected source of product information for the public, do we not have a responsibility to prevent the public from being misled? Or does the ADA Seal of Acceptance really not mean anything after all?

William B. Christie, D.D.S.
Santa Cruz, Calif.

Useful tool

As a general dentist for 18 years and an oral microbiologist researcher for nine years, I would like to comment on the recent article, "To Floss or Not to Floss."

The article, concerning claims made by Pfizer that Listerine is as effective as flossing, may result in patients forsaking the latter.

Why is it that when a company tries to be creative in helping our profession address clinical problems, it becomes necessary to critique and attack while delving for underlying reasons? Growing up on the east coast of Canada more than 50 years ago, I was introduced to two rinses as a child—Listerine and a diluted product used as a hospital disinfectant, Dettol. I chose Listerine, as it seemed to be more tolerable. Dental care was not available in most of the farming and fishing communities where I

grew up, so my dentist did what he could.

It has become routine to see the end result of caries and periodontal diseases—tooth loss. In addition, I admit to not being able to address the issues of access to dental care and the special needs of the physically and mentally challenged patient, trauma-induced dental problems and those of acute and chronic conditions. Many treatment alternatives we can provide for our patients are the result of clinical and industry trial-and-error investigation.

Pfizer's product has gone through decades of evaluation to satisfy the ADA's protocol to earn the ADA's Seal of Acceptance and provide the data on their claims for plaque reduction as it relates to gingivitis. Although six-month studies may not tell the whole story, neither do our six-month recall evaluations and patient compliance because plaque control is a daily, if not after

every meal/snack, problem. Further, many well-known dental researchers have shown that the entity we call plaque varies in its potential to be cariogenic or its potential to aggravate or cause periodontal problems. Its presence is only one part of the puzzle. Its composition is subject to change and the microbial composition shifts during its maturation on a clean tooth surface.

We can't floss, brush or rinse for our patients or the public at large. We should, however, embrace whatever tools there are to improve all patients' oral health because not every patient brushes, flosses or rinses. Dentists need to put away bias and suspicion. Pfizer's product and possibly others gives the public an alternative to doing nothing or doing something inappropriately. Doing nothing, after all, brings most patients to our doors. Do we want to promote doing nothing?

(Disclaimer: I have no interest or financial support from this company or the product, neither during my prior research or as a clinician.)

Joan Viantha Qureshi, D.M.D.
Member, Massachusetts Dental Society Council
on Access, Prevention and Interprofessional
Relations
South Natick, Mass.

Editor's note: According to the ADA Council on Scientific Affairs, these letters are representative of the range of opinion the ADA has heard from members since the beginning of Pfizer's consumer campaign for Listerine. This debate is healthy and is a mark of the profession's traditional concern with oral hygiene to prevent dental disease.

The ADA has issued a statement on the importance of flossing or using an interdental cleaner for good oral health, which is available on ADA.org. The ADA promotes the importance of flossing in all its oral health messages directed to consumers and has many resources to help dentists communicate this message to their patients. This will also be the subject of an upcoming "For the Dental Patient" feature in JADA.

With regard to specific concerns raised by the letterwriters, the ADA Division of Science responds:

- Dr. Hameroff raises concerns about bacterial overgrowth and alcohol content of the mouthrinse. The ADA Council on Scientific Affairs evaluated the risk of bacterial overgrowth before it awarded the ADA Seal of Acceptance to Listerine in 1986. The company presented two six-month clinical studies demonstrating no overgrowth of either opportunistic or pathogenic bacteria. The council and the FDA have also reviewed extensive studies on the potential effects of alcohol in mouthrinses and have found no evidence that it causes any adverse effects in the concentrations found in Listerine.

- Drs. Goldman and Boone are correct that the claim that "Listerine is effective as floss"—if used alone—could lead patients to believe that they do not need to floss. This is why the "floss daily" and "ask your dentist" messages must appear in the same advertising. Pfizer is now also incorporating the message, "Of course you should floss daily" in its TV ads.

- The CSA shares Dr. Christie's respect for the ADA Seal of Acceptance and his determination that it remain a respected source of information for the public and the profession. The council spends substantial time at each of its meetings reviewing scientific data on the safety and efficacy of Accepted products. The "Listerine is as effective as floss in reducing interproximal plaque and gingivitis" claim made for the Accepted Listerine products has been substantiated by two independent, six-month clinical studies that meet the ADA Guidelines for the Acceptance of Chemotherapeutic Products for the Control of Gingivitis. As is the case with many oral health topics, the challenge is to communicate with the average consumer in a way that is truthful and not misleading.

See LETTERS, page seven

THE FUTURE OF DENTISTRY IS AEGIS!

The Bosworth Company is pleased to introduce Aegis products containing Amorphous Calcium Phosphate (ACP). The "smart material" ACP can release calcium and phosphate ions, the basic building blocks of teeth, allowing the possible enhancement of the teeth's natural repair mechanism.

Calcium Phosphate in saliva is the body's natural defense against decay-producing bacteria. These bacteria secrete acids that slowly dissolve enamel. In response, calcium and phosphate ions attach to the enamel and repair the damage by "rebuilding" minerals in the enamel.² Research has proven that products containing Amorphous Calcium Phosphate (ACP) will enhance this "rebuilding" process and harden intact enamel.³



Aegis[®] Pit & Fissure Sealant is a light cured sealant that contains the "smart material" Amorphous Calcium Phosphate (ACP). The ACP filler is resilient and flexible, creating a strong and long lasting sealant. Aegis Pit & Fissure Sealant can be used with most light curing devices. Aegis' controlled flowability keeps the sealant on the tooth while completely filling the pits and fissures. When properly placed and maintained, Aegis Pit & Fissure Sealant may help keep children's teeth free from carious lesions on the exposed surfaces.



Aegis[®] Orthodontic Adhesive is the world's first light cured orthodontic adhesive containing Amorphous Calcium Phosphate (ACP). It is used for bonding orthodontic brackets and bands to enamel. Often, when orthodontic braces are removed, there may be signs of tooth demineralization in the area under or around the bracket. Aegis ORTHO may help prevent that demineralization due to micro-leakage of non-compliant, patient oral hygiene.



Aegis[®] Crown & Bridge Resin Cement with ACP is a filled, modified Bis-GMA orthodontic dimethacrylate resin polymer, formulated as a permanent luting cement. It is a spring suspended, two paste dual curing material whose physical properties and handling characteristics have been optimized for crown, bridge, inlay and veneer cementation applications. If exposed to a curing light, the Aegis C&B cures immediately and free post-curing chemical curing to provide improved properties. Aegis C&B will cure without curing light exposure, using the material's chemical curing capabilities. It is supplied in a Uniflow (UV) or GelFlow (non-UV) mix.

10% REBATE*

Order Now!

VISIT BOSWORTH BOOTH #1843
ADA ORLANDO

Bosworth Company

P: 1.800.323.4352 • F: 1.847.879.2080
info@bosworth.com • www.bosworth.com

© 2004 Bosworth Company. All rights reserved. Aegis, Aegis Pit & Fissure Sealant, Aegis Orthodontic Adhesive, Aegis Crown & Bridge Resin Cement, and Aegis are trademarks of Bosworth Company. All other trademarks are the property of their respective owners. *Rebate applies to orders placed with participating dental distributors. See distributor for details. Offer good through 10/31/04. Offer subject to change without notice. See distributor for details.

LETTERS

Continued from page six

● Dr. Qureshi's letter makes clear that we all have the same goal—improving the oral health of the public with all the tools at our disposal.

Globalization

As a current board member of Delta Dental Plan of Arizona, I recently attended Delta's national conference in Colorado Springs, Colo. Dr. Jim Bramson, executive director of the American Dental Association, was the featured keynote speaker.

After hearing his presentation, I felt compelled to respond through the ADA News. I was concerned by some of his comments about the state of dental education. However, his description of "Dental Globalization" especially alarmed me. Currently in the United States, many industries such as computer programming, call service centers, architectural design and engineering have been outsourced to foreign countries. Although dentistry faces many challenges, I have always felt secure that my job as a dentist could never be outsourced.

I have been involved in the leadership of organized dentistry serving as our state's president and am a current delegate to the ADA. I clearly remember that two years ago, the ADA House of Delegates resoundingly defeated the resolution from California to have the Commission on Dental Accreditation offer to accredit any foreign dental school by bringing up their standards. California's resolution was in response to the Mexican dentists who were to be imported to the Los Angeles area. They felt this would create a pathway of movement of dental manpower between our countries.

By advocating the very same notion in his speech at the Delta Conference, Dr. Bramson, I presume through the ADA Board of Trustees, feels that he or they know what is better for the ADA member dentists than the House of Delegates. It appears that they desire to "in source" away our profession.

Dr. Bramson's argument is that if any of these foreign dentists come to America, we would want them to be educated because we should stand for quality dentistry and not allow a two-tiered system to exist. Wonderfully altruistic and new age political correctness; however we have a fine system that has served incorporating foreign dentists into our country for decades and should not liberalize it further. We do not need to open the floodgates. I doubt that many U.S. dentists wish to practice dentistry in any third-world countries. This would be a one-way path to the U.S.

If the ADA buys into this "Dental Globalization" philosophy, it will be leading dentistry down the dark and irreversible road the once great profession of medicine took. The wonderful profession of dentistry will become medical profession number two with the help of our Association.

Just look at the profession of medicine today—liberalizing the entry of foreign doctors has not prevented multiple tiers of services and quality. I believe that the ADA through its elected officials should not forget that they represent the rank-and-file dues-paying member. And especially if I were a young dentist, I would be outraged and demand good representation.

Roy Daniels, D.D.S.
Sedona, Ariz.

Editor's note: Dr. Bramson comments: "I sincerely appreciate Dr. Daniels' comments because healthy debate helps us all. It's no secret that globalization is a hot topic these days—it's part of most corporate strategies for business development, and the movement of information around the globe has fundamentally changed the way we communicate and to whom. During the presentation, I was making the point that dentistry will not escape this trend. We already see

global material standards, ADA participation in global policies for the profession debated at the FDI, and techniques and continuing education that are now mainstream in America but pioneered in other countries. As a result, it's my view that this will pull the ADA into many policy debates surrounding science, education, licensure and research, and we ought to be ready to engage in those debates with thoughtful, complete and open discussions about it. We all know of the accreditation issue in Mexico as it relates to the California Board and, in fact, it was a wake-up call to look more carefully. Clearly I do not advocate liberalization of our education standards for foreign-trained graduates. We have the highest standard of dentistry in the world, and I do not know anyone who would want to jeopardize our world position."

Is dental informatics for you?

Have you always had a "knack" for technology? Did you take radios apart as a kid in order to see how they worked? Are you interested in shaping the future of technology in dentistry? If your answer to any of these questions is yes, dental informatics might be a career for you.

The Center for Dental Informatics at the University of Pittsburgh School of Dental Medicine is currently recruiting for next year's class of students in dental informatics. Funded by the National Institute of Dental and Craniofacial Research and the National Library of Medicine, the Center's program trains students for research and teaching careers in informatics. The program culminates in a master's degree in

biomedical informatics, and also offers a Ph.D. track.

Financial support from the National Institutes of Health provides for a stipend, tuition, fees, health insurance support, a loan repayment program for qualifying educational loans and much more; for information visit the NIH Web site ("www.lrp.nih.gov").

Applications for the program are due Feb. 1, 2005. The University of Pittsburgh will sponsor an open house on Jan. 10, 2005.

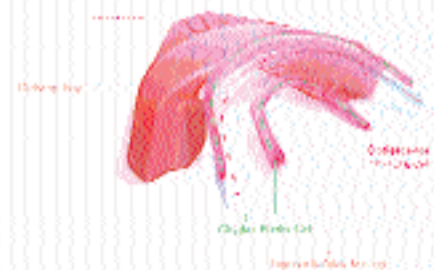
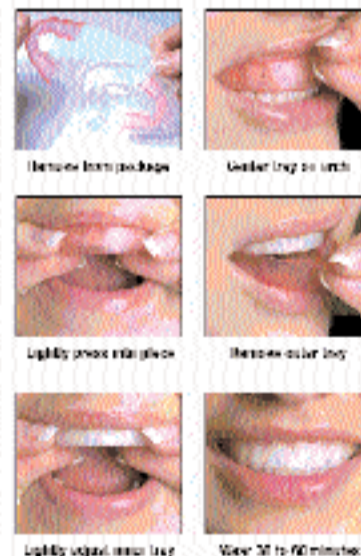
For more information, contact Andrea Hyde ("ahyde@pitt.edu") or visit the Center for Dental Informatics Web site ("www.dental.pitt.edu/informatics"). ■



Speedy delivery.

No Impressions. No models.
No lab time.

Introducing
trèswhite
by Ultradent



DENTIST DISPENSED
CALL FOR YOUR FREE SAMPLE
SOURCE CODE 390 • OFFER EXPIRES SEPT. 30TH

ULTRADENT
DENTAL PRODUCTS

A 'special moment' for Dr. Arthur Dugoni

Pacific names dental school for long-time dean

BY JAMES BERRY

San Francisco—It was a momentous occasion in a life of many such occasions.

"As you might imagine, this is a very, very special moment in my life," Dr. Arthur A.

Dugoni told students, faculty, administrators and staff gathered on a bright August day in the courtyard at San Francisco's University of the Pacific, where the School of Dentistry was about to get a new name.



Honored: Pacific President Donald DeRosa presents Dr. Dugoni with a gift portrait.

During a Gala Naming Celebration Aug. 28, the university officially renamed its dental school in honor of the renowned educator and dental leader who has served as the school's dean for 26 years.

The Arthur A. Dugoni School of Dentistry is the only dental school in the United States and Canada named for its current dean, and Dr. Dugoni is the only living person so honored.

Among many leadership positions held over the years, Dr. Dugoni is a past president of the ADA, the American Dental Education Association, the American Board of Orthodontics and the California Dental Association.

He is current president of the ADA Foundation, where a Dugoni-inspired National Campaign for Dental Education is in development.

The Naming Celebration Saturday night climaxed a busy weekend that included a fundraising dinner and a two-day, Pacific-sponsored National Leadership Symposium.

The symposium attracted leaders from dental education, industry and organized dentistry, as well as Pacific alumni from across the country—about 1,600 people in all. Comedian Bill Cosby entertained, a prelude to his Oct. 1 appearance at ADA annual session.

But the most poignant moments of these events took place Aug. 27 in the dental school courtyard, where Pacific President Donald DeRosa presented Dr. Dugoni with a portrait, a gift of the university.

Dr. Dugoni then addressed the large crowd of students and colleagues, many of them wearing T-shirts or buttons bearing the dental school's logo and new name.

He talked about other "very special moments" in his life, about meeting his wife Kaye in 1943, about the birth of their first child

See DR. DUGONI, page 30

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.

RECOMMEND THE #1 DRY MOUTH THERAPY



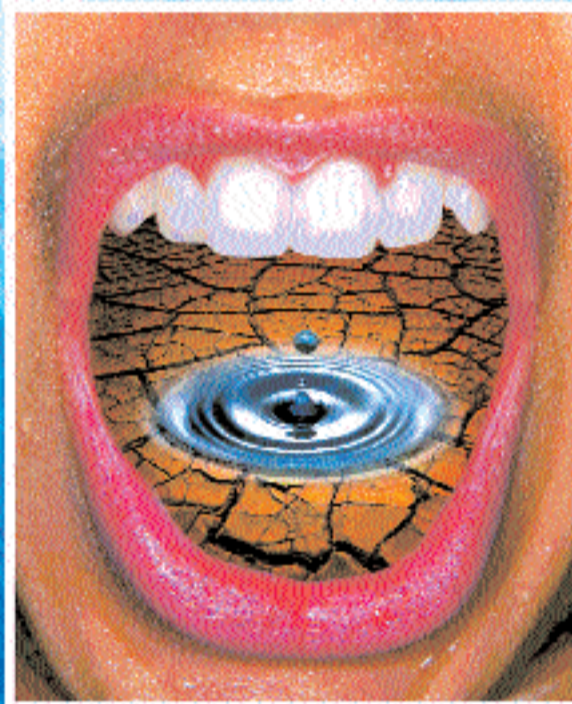
biotène[®]
DRY MOUTH TOOTHPASTE & MOUTHWASH

oralbalance[®]
MOUTH MOISTURIZING GEL



For additional information and product samples, please call Toll Free 800-922-5856 or visit us at www.laclede.com

Lipitor (Reg. ®, Pfizer Inc.), Hydrocodone / APMP/Paracetamol (Reg. ®, Pfizer Inc.), Prilosec (Reg. ®, Sanofi-Sintelabo), Zoloft (Reg. ®, Pfizer Inc.), Claritin (Reg. ®, Schering Corporation), Prevacid (Reg. ®, TAF Pharmaceutical Products Inc.), Celebrex (Reg. ®, Pharmacia Corp. Pfizer Inc.)

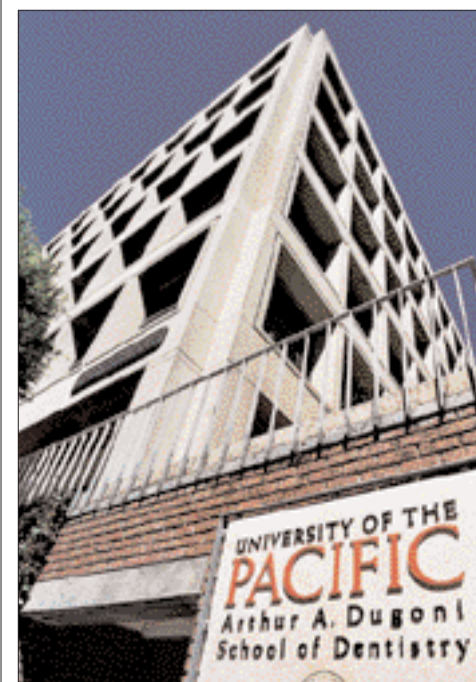


Whatever the cause, Biotène Dry Mouth Products will help!

Biotène Dry Mouth products contain three primary enzymes – **Lactoperoxidase**, **Lysozyme**, and **Lactoferrin** to restore and strengthen saliva's own bacterial inhibitory system and protecting action!

Daily Use of Biotène's Dry Mouth Products Help:

- HEAL the damaging effects of harmful bacteria
- EFFECTIVELY fight bad breath
- RELIEVE and soothe mouth dryness



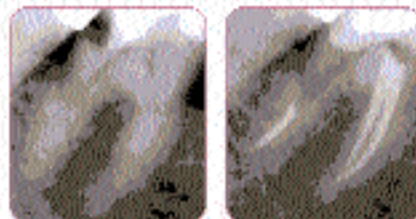
ENDODONTISTS AGREE the EPIPHANY™ Soft Resin Obturation System with Resilon™ is SUPERIOR to Gutta Percha!



Epiphany™ - the missing link in root canal treatment. The switch to Epiphany was seamless. It is my only choice for filling root canals. Epiphany has similar working characteristics as gutta percha with the decided advantages of: (1) Increased resistance to root fracture; (2) Marked decrease in leakage; (3) Creating an instant seal from the canal orifice to the apex.

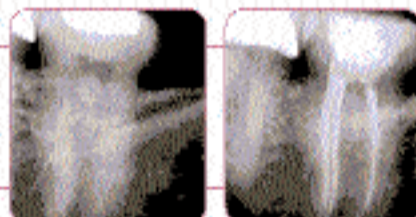
Epiphany completes the endodontic treatment mod. At long last a root filling material that bonds to the root and strengthens it too.

- Dr. Nuno Chivato, Diplomate American Board of Endodontics



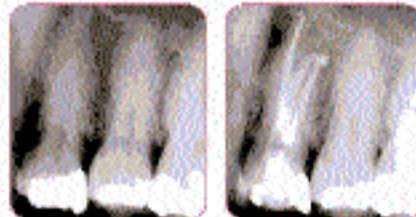
Epiphany™ will revolutionize the way we fill the root canal finally replacing gutta percha and sealer which have repeatedly been shown to create a poor seal.

Martin Hoop, J. B. Freedland Professor of Endodontics



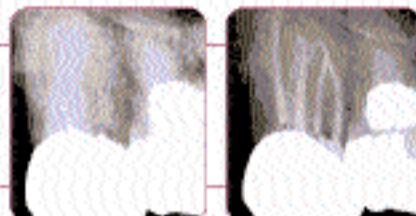
I have been using Resilon™ root filling materials in my practice since reviewing the research data and have found the transition from gutta percha and ZOR-based sealer to be quite easy. I have been obturating my cases with Resilon using warm vertical condensation and with the "Pacific" rotary condensers. This material has demonstrated good flow and proper radiopacity. Additionally, there have also been no post-operative issues with the Resilon root filling materials.

- Frederic Barnett, DMD, Asst. Prof. of Endodontics, Alameda University Med. Ctr.



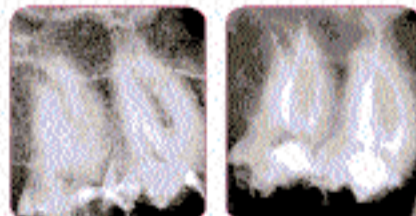
Finally the potential exists to seal the root canal space from orifice to apex. There is no need to change your obturation technique. This polymer handles like gutta percha and it can significantly increase long term success.

Joseph Di Maggio, DDS, Diplomate American Board of Endodontics, private practice.



The past decade has seen a significant majority of the endodontic armamentarium renewed or revolutionized. The residual element of this altered armamentarium, the material needed to fill and seal the root canal system, appears to have arisen from the laboratories of the scientists who effect clinical change. With the introduction of Resilon and Epiphany sealer, the adhesive monoblock may very well now extend from the coronal aspect of the tooth to the apical seal of the root(s). Endodontic success may indeed prove to be 100% predictable.

- Ken Savvas, DDS, MANS; www.endodontic.com, www.resilon.com



**For about \$1.00 more per canal,
you can provide your patients with a superior service!**

To order your **Epiphany Intro Kit**, call
800-551-0283 or visit **www.pentron.com**
Epiphany Intro Kits range from \$139.99 to \$154.99.



PENTRON®
CLINICAL TECHNOLOGIES, LLC

800-551-0283 / 203-265-7397
Toll Free Fax: 877-677-8844
P.O. Box 724 • Wallingford, CT USA 06492
In Canada call RYNCA at 1-800-667-9622

SOURCE CODE
5913

Resilon, Epiphany, Resilon, and Epiphany are trademarks of Pentron Clinical Technologies, LLC. All other trademarks are the property of their respective owners. © Pentron Clinical Technologies, LLC, 2007. All rights reserved.



New class: Members of the ADA Institute for Diversity in Leadership class of 2004 gather at ADA headquarters for a two-day meeting in September. Front row, from left: Dr. Rosie Roldan; Dr. Cedric Lewis; Dr. Shaila Garasia; and Dr. Andres Pinto. Back row, from left: Dr. Mary Anne Navitsky; Dr. Gordon Fraser Jr.; Dr. Teodoro Regus; Dr. Nava Fathi; Dr. Dionne Colbert; Dr. Brian Shue; Dr. Wilma Luquis-Aponte; and Dr. Pat Mason-Dozier. Watch for coverage of the Institute in the Oct. 4 ADA News.

Dr. Norwood awaits lung transplant

Champion of patient rights legislation expects successful recovery

BY CRAIG PALMER

Washington—Dentist/Rep. Charlie Norwood, Georgia Republican and friend of dentistry, is awaiting a single-lung transplant at Inova Fairfax Hospital in Fairfax, Va., he announced Sept. 7. Rep. Norwood, 63, was diagnosed with idiopathic pulmonary fibrosis in 1998.

IPF, a disease of unknown cause, gradually restricts the ability to breathe. The only known treatment is a lung transplant. Rep. Norwood is near the top of the transplant list. The Surgical Group of Inova Transplant Center will perform the surgery.

Rep. Norwood sold a dental practice of 25 years to run successfully for

Congress in 1994 and has been re-elected since. A champion of patient rights legislation and opponent of excessive bureaucracy, Rep. Norwood received the American Dental Association's Distinguished Service Award in 2000 for his "reach across the political aisle" to forge bipartisan House of Representatives approval of ADA-backed legislation.

"It is an honor for me to serve the people of Georgia and the 9th congressional district," he said in a statement. "I ask for your prayers for healing now and during the time of my recovery and your prayers for peace and comfort for Gloria and my family. I also ask for your prayers for the donor's family during their difficult times. I expect a successful recovery and resumption of my current duties."

Although it has been six years since diagnosis, "Charlie has never wanted to make a big deal of it," a staff member said. On a transplant list for several years, he reached the top of the list but his condition at the time was deemed not serious enough for a transplant, and he was placed on an inactive list.

He returned to the active list this summer. "His condition is such that he is now using oxygen to support him in his activities," said a staff aide. After the transplant, Rep. Norwood will spend 2-3 weeks at Inova Fairfax Hospital before returning to his Washington, D.C., apartment.

Normal congressional duties would resume in three months after the transplant. "We expect him to resume his duties with all the vim and vigor he has shown in his career," a staff member said. Former South Carolina Rep. Floyd Spence served in Congress for 13 years after undergoing a double-lung transplant.

Rep. Norwood's office cited the American Lung Association Web site ("www.lungusa.org") for information about the disease idiopathic pulmonary fibrosis. ■



Rep. Norwood (R-Ga.)

Ad 24644m414 to be placed at Quad!!!

BMP info pack

Best meal of the day

BY MARK BERTHOLD

When you visit the ADA Pavilion at annual session, you're sure to notice a bunch of BMP goodies right next to your new, free video on ADA Best Management Practices for Amalgam Waste.

This BMP "info pack" of educational materials will be available Oct. 1-3 at the BMP Features area in the ADA Pavilion.

The eye-catching video, handsome brochure, full-color poster and reprinted articles from The Journal of the American Dental Association—they're all free and designed to help you and your staff implement BMPs into your dental practice to help protect the environment.

But there's more! The video will be played,



New video: This 10-minute, step-by-step guide to best management practices will be given away free in Orlando.

BMPs

Continued from page one

operational Oct. 1).

The video is an invaluable tool to members who want to educate their staff on how to implement amalgam waste BMPs into their practice. It clearly articulates the central theme of the ADA's Best Management Practices, namely, that of "Protecting the Environment."

This theme is reiterated from previous ADA educational materials on BMPs, including a brochure and poster that were distributed free in the May 17 and Aug. 2 issues of ADA News. The brochure, poster and other educational materials will also be distributed free at the BMP Features area in the ADA Pavilion.

"BMPs are the right thing to do," wrote ADA President Eugene Sekiguchi and Executive Director James B. Bramson in a Feb. 20 letter to constituent societies. "ALL dentists should follow BMPs for this very simple reason."

In addition, they note, environmental regulators and some legislators are looking closely at the issue of dental wastewater and what dentists are doing to protect the environment. If dentists cannot achieve reductions in amalgam discharge, regulators may insist on mandatory controls. The profession wishes to show regulators that voluntary measures like BMPs work. What's more, dental amalgam waste can be easily recycled from dental offices to help prevent the release of mercury to the environment.

"We hope," noted Drs. Sekiguchi and Bramson, "that in the near future, compliance with BMPs will be as commonplace in the dental office as masks and gloves."

For questions on the BMP video, contact Anita Mark in the ADA Division of Science at Ext. 2531 or "marka@ada.org". ■

Annual Session

on continuous loop, in the BMP Features area. Plus, ADA staff member Anita Mark will be there to answer questions related to the video's contents and other BMP issues.

Jerome Bowman and Joseph Nicosia, ADA attorney and state government affairs expert (respectively), will join Ms. Mark Oct. 3, 10 a.m., to answer questions about how dental

societies can work with state and local regulators to implement a voluntary approach to amalgam waste reduction.

The JADA reprints cover the most common, practical issues about buying and installing amalgam separators; performance issues related to separators, including lab tests, suggested retail price and general profiles of top-selling brands; and a list of amalgam recyclers.

For questions on the BMP info pack, contact Anita Mark in the ADA Division of Science at Ext. 2531 or e-mail "marka@ada.org". ■

Orlando, Fla.—Ease into your Saturday morning at annual session by grabbing a cup of coffee and some breakfast on the ADA Marketplace exhibit floor.

ADA Marketplace exhibitors will host a special Power Breakfast on Saturday, Oct. 2. Enjoy a free continental breakfast and the opportunity to network with company representatives and colleagues and view the latest technologies at the ADA Marketplace. The breakfast begins at 8:30 a.m. at the Orange County Convention Center. ■

STABIDENT

intraosseous anesthesia delivery system

NEW CD-ROM

- Fully interactive selection of contents.
- Extensive video footage of numerous clinical cases gives detailed instruction on the use of the Regular Stabident and the Alternative Stabident.
- Regular Stabident is fully explained and why the Alternative Stabident is the best of the guide sleeve systems is demonstrated.

SEND FOR FREE CD-ROM
at fairfax@stabident.com or call 1-800-233-2305

- *Deepest pulpal anesthesia*
- *Instant effect*
- *Minimal sensation of swelling and numbness*

"Stabident Alternative Stabident is designed to deliver intraosseous anesthesia for pulpal analgesia, and to allow removal of guide sleeves from the bone without the need of another instrument." —Journal of the American Dental Association, 1999.

REGULAR STABIDENT

** the classic way of delivering intraosseous anesthesia*

- \$27.00** Standard Pack
20 perforators, 20 needles
- \$705.00** Economy Pack
200 Perforators, 200 needles

ALTERNATIVE STABIDENT

** hassle-free manual insertion of the guide-sleeve*
** avoids the problem of accidental detachment of a perforator mounted sleeve*
** easy removal of guide-sleeve from the bone without the need of another instrument*
** smallest diameter hole in the bone of any guide-sleeve system*
** safety-locks on the guide-sleeve for full security*

- \$50.00** Standard Pack
20 perforators, 20 guide sleeves, 20 needles

STARTER KIT

Why not try 5 Alternative Stabident and 5 Regular Stabident!

- \$79.00** 5 Alternative perforators, 5 guide-sleeves, 5 Alternative needles
- 5 Regular perforators, 5 Regular needles

When you inspect one of the Alternative Stabident or the Alternative guide sleeve with comparison of the Regular technique

To place an order please call **1-800-233-2305** or e-mail fairfax@stabident.com

Fairfax Dental Inc. 2601 S. Bayshore Drive, Suite 875, Miami, FL 33133

Go for the 'Keys to the Code'

Morning workshop eyes changes coming in CDT-2005

Orlando, Fla.—Dentists can learn to take advantage of improvements to the Code on Dental Procedures and Nomenclature, published in CDT-2005, effective Jan. 1, 2005, at a special annual session workshop.

"Keys to the Code: Unlocking the Doors to CDT-2005," is scheduled for Sunday, Oct. 3, 9:45 a.m.-12:15 p.m. in Room 206 A. (Course code: N483.)

The workshop will highlight key revisions and explain the reasons for the changes. CDT-

2005 includes 39 new codes and 47 revisions to procedure code nomenclatures or descriptors. Three codes have been deleted.

This workshop will also cover related topics, including a discussion of the Code Revision Committee and



Dr. Hall



Dr. Lipton



Dr. Mercer



Dr. Grubb

revision process, a review of changes within each of the 12 cate-

gories of service and, for the first time, clinical scenarios.

"This is an entirely new workshop, in both format and content," said Dr. Glen Hall, chair of the Subcommittee of the Code that developed the work-

shop and incoming chair of the Council on Dental Benefit Programs. "Adding clinical scenarios will give participants an opportunity to immediately apply what they learn."

The workshop will be presented by three council members who actively participated in the preparation of the Code published in CDT-2005, as members of the Council's Subcommittee on the Code and the ADA's Code Revision Committee: Dr. Richard V. Grubb; Dr. Lawrence L. Lipton and Dr. James E. Mercer.

Participants are encouraged to bring a copy of the CDT-2005 manual to the workshop. CDT-2005 is available at the ADA Store in the convention center. You can also order CDT-2005 at the ADA Pavilion and receive free shipping. ■

Malpractice Survival

Will you survive a malpractice lawsuit?

As a dentist, you've learned to be prepared for new adventures. But do you take along the right equipment for malpractice lawsuit survival? Carry malpractice coverage through Dentist's Advantage, protection that provides extensive coverage for the services you provide. You never know what risks are around the corner, but you're smart enough to be prepared.

Your current coverage may provide valuable benefits but it may not be enough. That's why dentists nationwide depend on malpractice insurance from Dentist's Advantage.

Check it out! No other company gives you more!

- ✓ Choice of coverage limits from \$100,000 up to \$5,000,000
- ✓ Separate limits for your corporation or partnership
- ✓ A.M. Best rating of A (Excellent)^{*}
- ✓ Retirement "tail" benefits
- ✓ Exceptional customer service
- ✓ Optional business plans available
 - Business Liability Insurance
 - Property Protection
 - Workers' Compensation
- ✓ Discounts available
 - New practitioner — save 60%
 - Groups of two or more save up to 15%
- ✓ Many other discounts available
- ✓ Over 50 years of experience serving dentists

Survive a lawsuit with the program that's right for you.

Getting more information and a quick rate quote is easy!

Call 1-888-778-3981 or visit us on-line at www.dentists-advantage.com

Dentist's Advantage
PROFESSIONAL LIABILITY & PRACTICE PROTECTION

www.dentists-advantage.com

* A.M. Best's Best Financial Strength Rating of A (Excellent) is based on the company's financial strength. This advertisement is for informational purposes only. All conditions of coverage, terms and exclusions are defined in the policy. Policy numbers may vary by state. Dentist's Advantage is a member of the ADA Family Insurance Services, Inc. © 2004 Family Insurance Services, Inc. ADA-0402

Order your CDT-2005

Dental offices can purchase the current Code on Dental Procedures and Nomenclature, published in CDT-2005, by calling the ADA Department of Salable Materials at 1-800-947-4746 or visiting "www.adacatalog.org."



The cost is \$34.95 for members for the spiral-bound book, \$54.95 for nonmembers; \$39.95 for the hard-cover six-ring binder for members, \$59.95 for nonmembers. The member price for a CD-ROM is \$39.95; nonmember price is \$59.95. ■

State societies can schedule CDT-2005 ADA seminars

Workshops prepared by the ADA Council on Dental Benefit Programs and presented by an experienced member of the council's Subcommittee on the Code are also available to constituent dental societies.

Constituents interested in scheduling a workshop should contact ADA Seminar Services, Ext. 2908. Participants are encouraged to bring a copy of the CDT-2005 manual to the workshop. The ADA Department of Salable materials at 1-800-947-4746 is taking orders for CDT-2005 or interested dentists can go to "www.adacatalog.org". ■

A NEW CLASS OF RESIN CEMENT THAT ELIMINATES THE ETCH/PRIME/BONDING STEPS

Self-etch. Self-adhesive.
Automix syringe delivery.

maxcem[™]

Simplicity defined.

Maxcem is a two-part, paste/paste dual-cure resin cement. The key to its exemplary handling, color stability and one-step delivery is its proprietary initiator system that enables the etchant, primer/adhesive and cement to be combined into one material.

- **Superb Esthetics.** Excellent color stability. Highly translucent shades.
- **Dual-Cure.** Efficient dark cure when light penetration is limited.
- **Multiple Indications.** Crowns, bridges, inlays, onlays and posts.
- **Bonds to All Substrates.** Resin, porcelain, ceramic or metal-based restorations.
- **5 Shades.** Clear, white, white opaque, yellow and brown.

Case courtesy of Dr. Ross Nash



Direct Dispensing.
No activator, dispensing guns or amalgamator required.



Easy Cleanup.
Excess is easily removed in gel state.



Superior Adhesion.
Bond strengths are twice that of RMGI. Mechanical strengths rival traditional resin cements.



Ask about our risk-free trial offer • www.kerrdental.com • 800.KERR.123

sds Kerr
SYBRON DENTAL SPECIALTIES

ADA and Colgate team up for 'Save the World' program debut

BY KAREN FOX

Orlando, Fla.—Those attending the ADA annual session are in for a special treat.

Oct. 1 is the official launch of the ADA and Colgate-Palmolive Co. collaborative program, "Save the World from Cavities."

The multimedia consumer campaign is designed to raise awareness of the importance of cavity prevention and encourage dental visits by children. A tent gracing the grounds of the Orange County Convention Center during annual session

will be the site of a publicity event that is designed to garner national attention for oral hygiene, children's dentistry and access to care needs for underserved populations.

In addition, on Oct. 1 Colgate staff will present a \$100,000 donation to the ADA Foundation.

"We are pleased to be launching the Save the World from Cavities program with the ADA at its annual session in Orlando," said Suzan Harrison, vice president/general manager, Colgate U.S. Oral Care Division, Colgate-Palmolive Co.

"The strength of this partnership will not only increase children's awareness of the importance of oral hygiene but also encourage them to visit their dentist," added Ms. Harrison.

Save the World from Cavities is a landmark event for the annual session, said ADA Executive Director James Bramson.

"Bringing children into the event for screening gives the whole campaign an outreach that we have not typically done with session before," he said.

Added ADA President Eugene Sekiguchi: "Using annual session as a venue to highlight the access to care issue that many Americans face is a good way to illustrate this in front of thousands of dentists."

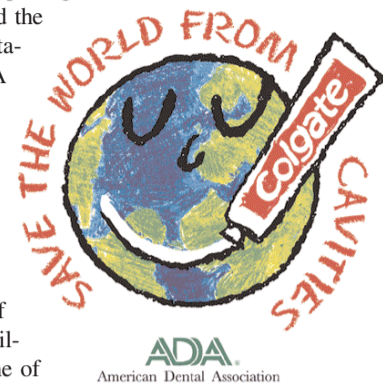
Save the World from Cavities festivities kick off Oct. 1 with a satellite media tour, opening ceremonies and the check presentation to the ADA Foundation—followed by educational programs, games and free dental screenings for a group of school-age children from some of Orange County's low-income areas.

Planned activities for children in the Colgate "marquee stations" include appearances by Colgate mascot Dr. Rabbit; oversize tooth models and toothbrushes; a live demonstration on proper brushing and flossing; the floss "tug of war"; a video area and interactive computer section; and arts and crafts that reinforce oral hygiene, good nutrition and more. The activities end with dental screenings performed by area dentists in Colgate's "Bright Smiles, Bright Futures" mobile dental van.

Attendees (and their children) are welcome to join the fun on Oct. 1 (11:30 a.m. to 5 p.m.) and Oct. 2 (9 a.m. to 5 p.m.).

Save the World from Cavities continues on after annual session as well. Colgate is now fulfilling orders for free in-office kits (at "www.colgateprofessional.com") that include an easel with tear pads of Save the World from Cavities forms (also available in stores and on the Internet). Children are instructed to bring the forms to the dental office at their next visit.

"We ask that you stamp or sign the children's patient visit form during his or her visits," wrote Dr. Sekiguchi and Ms. Harrison in a letter to ADA member dentists last month. "The child then sends the form to Colgate (with one proof of purchase from any Colgate toothpaste or toothbrush) and receives a free battery-powered toothbrush." ■



Accreditation hearing set

Orlando, Fla.—The ADA Commission on Dental Accreditation will conduct an open hearing during annual session this year.

The hearing takes place Friday, Oct. 1, in Plaza C of the Peabody Hotel, from 12 p.m. to 1:30 p.m.

Dr. Kenneth L. Kalkwarf, commission chair, will conduct the event and members of the commission will be in attendance.

The hearing is designed to provide the communities of interest with an opportunity to comment on the following:

- Proposed Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Endodontics;
- Proposed Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery;
- Proposed Revisions to the Accreditation Standards for Dental Laboratory Technology Education Programs;
- Proposed Definition and Term, "Student/Resident," for the Accreditation Standards for All Advanced Education Programs;
- Proposed Accreditation Standards on Program Integrity for All Accredited Programs. ■

Seal Golf Challenge, Raffle

BY MARK BERTHOLD

Your mission: crush the gutta percha and win a luxury car valued up to \$40,000.

No, not dental materials. Golf balls! It's time for the 3rd annual Golf Challenge and Raffle by the ADA Seal of Acceptance Program.

Open Friday, Oct. 1 (9 a.m.-4:30 p.m.), Saturday, Oct. 2 (8:30 a.m.-4 p.m.) and Sunday, Oct. 3, (9 a.m.-2:15 p.m.), the Golf Challenge consists of three swings at a full-swing golf simulator in a closest-to-the-pin contest. Or, enter the non-golf Raffle; it may land you \$2,000.

Visit the Seal Program area in the ADA Pavilion, for your contestant stamp. Then, visit the two corporate sponsors of Golf Challenge and Raffle to complete your stamps. Both sponsors are in the ADA Marketplace: Omnii Oral Pharmaceuticals (Booth 269) and Johnson & Johnson Oral Health Products (Booth 463).

Return to the ADA Pavilion and behind it you'll find the Golf Simulator. Contestants can compete in the closest-to-the-pin, hole-in-one contest at the golf simulator and non-golf raffle. Or, enter only the non-golf raffle.

In the closest-to-the-pin, hole-in-one contest, each contestant with a completed scorecard will receive three swings. The top ten finalists will come back at the end of each show day to com-



pete in the hole-in-one contest. A hole-in-one shot wins a luxury car valued up to \$40,000. Contestants closest-to-the-pin in each end-of-day shootout will receive:

- 1st place: Double Eagle Swing Pack (four free rounds of golf);
- 2nd place: Eagle Swing Pack (two rounds);
- 3rd place: Birdie Swing Pack (one round);
- 4th-10th place: Universal Golf Tickets (one round of golf each).

Each person who completes a scorecard is eligible for the \$2,000 non-golf raffle on Sunday at 3:15. For more information, stop by the Seal of Acceptance Program booth in the ADA Pavilion—and bring your "A" game. ■

Champ: Dr. Patrick Ward (right) of Tumwater, Wash., won \$5,000 in last year's Seal Golf Challenge and Raffle. At left is Dr. Kathleen Roth, ADA 9th District trustee.



House to conduct 'strategic discussion'

BY MARK BERTHOLD

"What will it take to make oral health enough of a priority issue to induce state legislatures to embrace meaningful reforms and end dentistry's last-funded, first-cut budgetary status?"

This single question will be posed Friday, Oct. 1, at 3:30 p.m., during the House of Delegates meeting in the Valencia Ballroom.

The question is at the heart of an HOD Strategic Discussion to fully inform the delegates on issues related to access to oral health care and thereby increase the effectiveness of the Association's advocacy efforts.



Dr. Sekiguchi

Following a short address by ADA President Eugene Sekiguchi, introduction by Speaker J. Thomas Soliday and white paper presentation by President-Elect Richard Haught, an expert panel of stakeholders will respond to the question posed. The panelists represent four key perspectives: state legislative, public health, community/patient and private practice.

Bringing such diverse stakeholders to the House will help the ADA provide visionary leadership by increasing delegates' knowledge on key issues facing the profession and enhance both their decision making and overall experience.

"It's potentially the most important thing—this strategic discussion on access to oral health care—that our House of Delegates will do this year," says Dr. Sekiguchi. "And we hope it will provide a stimulus for more discussion in the year ahead." ■

OneCoat
SELF-ETCHING BOND

Stop Post-Operative Sensitivity NOW!

- Homogeneous bond layer stops post-operative sensitivity
- High shear bond strength on dentin and un-cut enamel
- Available in single dose and bottles
- Works in a wet, moist or dry field
- Requires one coat application
- Light-cured

#7630
Intro Kit

#7631
Single Dose Kit

Introductory Offer

Buy 1 Intro Kit (2 x 5ml)
Get 1 FREE
Promotion Code #11115
Offer Expires 12/31/04

Buy 1 Single Dose Kit (50 x 0.1ml)
Get 1 FREE
Promotion Code #11416

Available from your local dental dealer. Products must be purchased no later than Feb. 28, 2005.

Coltene/Whaledent Inc.
235 Ascot Parkway
Cuyahoga Falls, OH 44223
Tel. USA & Canada 1 800 221 3046
+1 330 916 8600
Fax: +1 330 916 3077
Info@coltene-whaledent.com

Visit our booth #1663
at the ADA in Orlando

■ President-Elect's Interview

Straight talk from Dr. Haught on issues facing dentistry

This is the second and final installment of an interview with Dr. Richard Haught, president-elect of the American Dental Association.

The first part of this interview was printed in the Sept. 6 ADA News. This past summer ADA News editor Judy Jakush met with Dr. Haught to discuss his insight and views on issues facing the

Association. He will be installed as the 141st ADA president on Oct. 5 in Orlando, Fla., before the House of Delegates.

ADA News: The Tripartite Grassroots Membership Initiative deadline is right around the corner. Even though the final results are not complete, what do you feel is the next step toward ensuring a wide, inclusive membership base?

How do you rate its impact so far?

Dr. Haught: We've done excellently on this. We took a declining position—we were losing members, losing market share—and we turned it around and have started gaining members for the past two years, nearly three now. Actually we changed our market share in 2003, so talk about a big turnaround—that's a 180-degree shift. The



Tripartite initiative: "All the other association groups in this country would love to be in our shoes right now."

goal is 75 percent in 2005 at end of the year. I think we must still aim to make that. It's going to be hard, and we have a lot of work to do. But that's what goals are all about. If you don't set a goal and set a target, then you'll never get there. We had the foresight—call it strategic planning or future focus—to set the goal and we'll hit it or be really close to it. It's an absolute positive for our Association to see that. All the other association groups in this country would love to be in our shoes right now. And they sit back and look to see how we did that.

What are our next steps? I've thought a lot about his. Many of the diverse groups have their own organizations. They are very good organizations. I've got enough confidence in both myself and the American Dental Association that I'm comfortable with all the different groups we have out there to do what they do best and still let us function as more or less the mother ship in advocacy and the things that we can do best. That's not much different than how we function in the tripartite. Each level has its area of expertise. The component is the one that gets to the patient, so I contend they are the very most important. We at the ADA have the ability to do so many things in advocacy and with legislative issues, with insurance companies, wastewater and the type of issues that only a coordinated group effort can handle. I look at that the same way as the membership issue. Many of our members belong to two or three different groups. Each of those groups can continue to function and do what they do. The National Dental Association, the Hispanic Dental Association—they're great organizations. I'd like their members to belong to the ADA as well. We need for our leaders to go to these organizations and listen to their concerns and let them know what value we can add to their group. As we listen well to each other's positions, problems and challenges and discuss ways we can help each other, then we'll show value in membership in the ADA as well as in other organizations.

In every state I visit, I hold town hall meetings and take questions from whoever is attending: leadership, delegates and members. We're bringing the ADA to them to show we are not a giant gorilla just sitting at 211. We're telling them what the ADA is doing for members. They realize it's only the ADA at the national level that can advocate for them with insurance companies. Our next step is to talk to insurance companies about how we can work together to help patients achieve good oral health. That's the bottom line, patient health.

As I look at the tripartite, one thing that has particularly impressed me is the professionalism of the executive directors and staffs in all states. During my year on the road, they have been very accommodating, knowledgeable and centered on our profession. As a member, you always think your society is best, not realizing that 52 others are just as good. We shouldn't feel isolated in the tripartite structure.

Ad 246044m416 to be placed at Quad!!!

ADA News: Do you think the ADA will continue to expand the class size for the ADA Institute for Diversity in Leadership and/or create new opportunities to promote a diverse membership? What do you believe is the best tack to take?

Dr. Haught: We're at 12 now, which seems to be working out well. We could expand to 16, but it's such a new program that we want to see our results before changing anything. I would want to get the Institute members' opinions on the effort and see where they are in two years and how this experience has played out.

ADA News: What is the ADA's role in accrediting international dental education programs? How could doing so enhance dental practice in the United States?

Dr. Haught: The Commission on Dental Accreditation is the right body to be looking at this. If we had a program in place, the California dental board may not have acted as it did in accrediting a program in Mexico. Others may follow. We don't want to see a dual standard of education and patient care in our country. The commission is the most appropriate body in this country. The reason that the commission might pursue this is that it's part of our responsibility as a profession to do something to raise the level of dental education, no matter where. But we would only do that if another country asked us. I am not so naïve as to think that any foreign dental school would seek U.S. accreditation unless its goal was to enroll U.S. students. I think it would likely be our own students, so it's important to ensure the standards are the same.

It's also another proactive stance to help answer critics who say we don't have enough

ed increase in demand due to population and economic growth.

However, dentists are not evenly distributed across the United States. The uneven distribution of dentists within the country is largely due to the uneven distribution of demand for dental services. Another issue complicating the geographic distribution of dentists is a dramatic shift in the U.S. population during the past 40 to 50 years. Population has shifted to the Southern and Western regions. Some states, such as Nevada, have experienced very rapid rates of population growth. Dentists, when making practice location decisions, will respond to these population shifts in the long term, but imbalances may occur in the short term.

Not surprisingly, rural areas have fewer dentists than more populated areas. Even here dentists have responded remarkably well to market

signals. Let's look at the population living in the most rural counties. According to the 2000 Census, the size of this population was about 3,000,000. Of that number 400,000 were living in a county with no dentist. Relatively few rural Americans do not have a dentist within reasonable traveling distance.

Nevertheless, some individuals living in rural areas must travel substantial distances to access dental care. These most rural of the rural counties do not have the population to support a dentist without help. For those areas without dentists within reasonable traveling distances, it will not take a large number of additional dentists to address the problem. Innovative programs such as loan forgiveness, rotations of dentists between rural communities and subsidies to dentists in these areas can make a notable impact.

Of course, there are underserved populations in

large urban centers. Unfortunately, these individuals may not be able to access dental services, despite large numbers of dentists practicing within reasonable traveling distance from them. Their situation really helps to define the distinction between lack of access and workforce availability. Fundamentally, lack of access to dental services is due to inadequate funding for public programs like Medicaid and State Children's Health Insurance Program, resulting in payments to dentists that in most cases do not even cover operating costs. Therefore, simply increasing the number of dentists will not solve this access problem.

ADA News: The ADA is getting more proactive in the courtroom, both suing (Aetna) and defending (amalgam). Are we done for the time being, or are there other arenas to explore?

Dr. Haught: We're always monitoring this situation. See DR. HAUGHT, page 20

Ad 246044m413 to be placed at Quad!!!

International accreditation will take time. It's helpful to put it in perspective with another issue: licensure. ... We had 30 states with licensure by credentials and who would have believed then that we would now be up to 46?

dentists because we want to keep others out.

International accreditation will take time. It's helpful to put it in perspective with another issue: licensure. It hasn't been that many years ago in the House of Delegates since the students really started things going. We had 30 states with licensure by credentials and who would have believed then that we would now be up to 46? Once you start, things have a way of progressing to where you think they ought to be.

ADA News: The ADA, based on its own research, believes that the overall national supply of dentists is adequate to meet the likely demand for dental services. Government and others insist there is a shortage of dentists and point to the access problems as evidence. If the overall supply of dentists is adequate to meet demand for care by the American populace, how do we get that message across to decision-makers? And what role does access to care and the uneven distribution of dentists across the nation play in workforce considerations?

Dr. Haught: Dental workforce and access to care are related but distinct issues. From a national perspective the overall supply of dentists is expected to grow by 11 percent between 2002 and 2025. Productivity has been increasing at about 1.05 percent per year. When these productivity enhancements are factored in, we think the dental workforce will be sufficient to meet the anticipat-

President-Elect's Interview

Dr. Haught

Continued from page 17

uation. The key thing is for dentists to document and keep accurate records about things they believe are improper. We're not in this game to lose when we file these lawsuits and, of course, our real purpose is to change their business practices to be more dentist and patient friendly. Unless we have the accurate documentation, we can't go forward. I've been told that a recent insurance industry conference had a program in it to help insurers avoid being sued by the ADA. A few years ago, most of us would never have believed it possible. But this sets the stage for the type of reform we need. The insurance companies are an asset to dental care. Last year, through employee dental plans, they paid 50 percent of the dental care bill in this country. Wasn't that a benefit for the patient? They really are not our enemies—we want to see how we can get together and develop better plans to help patients have good oral health.

In fact, the third party industry is working with us on explanation of benefits (EOB) language. We hope that the EOB language agreed to in the Aetna settlement can be a model for the rest of the industry. We have just completed a licensing agreement with National Association of Dental Plans for them to market the Code to their members. So, we are beginning to work together. I look forward to other opportunities.

ADA News: Scientific research is constantly under threat, the National Institute of Dental and Craniofacial Research each year faces the

prospect of smaller budgets, academic researchers are strapped for cash more than ever. How can we better dialogue with lawmakers? What is the optimal role of the ADA in this arena?

Dr. Haught: We saw this past year a threat to the NIDCR. As part of a projected restructuring of the NIH, it was scheduled for possible extinction. It survived as its own entity and also received an increase in appropriated funding.

I think people are really beginning to understand that oral health is an integral part of total health. That's what's beginning to help in this arena. Now there is practice-based research network proposal that the ADA is seeking to be the sponsor of through NIDCR. I think there is a natural tie-in to what we're doing with the Seal products. If you're a practicing dentist, what you want to know is what is the best product for your patients. The network would involve research networks in schools and among private practices on a larger scale than has been attempted before. No one has utilized private practice dentists in an organized way before, utilizing established protocols.

ADA News: The ADA Seal of Acceptance and the entire dental product evaluation program are undergoing changes, including a resolution going to the House to eliminate the Seal on professional products. What opportunities for improving the public's oral health does this present for the ADA?

Dr. Haught: The Board has recommended we do away with the professional products Seal and I totally agree with that. I've had a lot of dental industry representatives say to me that they don't participate in the professional Seal program because of the need to get products to market quickly because of the competition among the products. If we can step up the research side of it, we'll be able to do product evaluation, which the



Access: Dr. Haught speaks June 4 at a Capitol Hill briefing on racial and ethnic disparities in oral health.

Seal program never did. It only said it was safe and effective. I think product evaluation is more along the lines of what the members want to see.

ADA News: Members always want to know if their dues are going to go up. What's the key message you want members to understand about the 2005 budget proposal approved by the Board? What's your overall take on the 2005 budget?

Dr. Haught: The 2005 ADA budget that the Board is sending to the House includes a budgeted deficit of \$671,000 and estimated expenses of \$95 million. We have approved a resolution asking for a \$6 dues increase but the Board is hopeful we won't have to do that. We want to fund the difference with reserve funds. Since we don't know yet what the financial implications will be of House actions in Orlando, we can't be certain about funding from reserves. But that is what we do prefer, given the current financial strength of the Association. If we can do it through reserves, we'll be in line with last year's proposal in which the Board and House recommended no net dues increase. One of my long-term goals has been for

the Association to keep dues stable as a matter of fiscal responsibility and as an administrative consideration for constituent dental societies. Many constituents have members pay in installments, so it can come as a surprise when they get another bill to accommodate a significant national dues increase. It sends a strong message if we attempt to index the dues to inflation every year because it means we are more efficient.

ADA News: How do you manage to keep your practice going and dedicate the necessary time to Association responsibilities?

Dr. Haught: The first six months of this year I was out of the office 55 days. That's 11 work weeks. While we share office space, each of us has an independent practice; we don't see each other patients unless there's an emergency. The only change I've made is that I'm not taking any new patients. When I'm in the office, I'm working extremely hard, but I want to take care of my patients. And my patients seem to love it—when I ran for president-elect they were always asking questions.

I know that a lot of younger folks wonder how they can be involved in organized dentistry and build a practice at the same time. It hasn't affected my practice, but it might. I do know that I probably couldn't have done this if I'd been in practice only five or 10 years. That seems to be the challenge—we know from our survey data that new dentists want to be involved, but they want fast in, fast out. That's where task forces come in. You identify an area that needs investigation, appoint someone to do it, they do the work, they're done and they get back to practice. That creates a good pathway for members to get involved without detracting too much from their practice.

I see that happening in the states now, which I think is good. ■

In the neighborhood for great savings? So are we.



ADA members can enjoy \$15 off a weekend or weekly rental and a Member Savings discount at a location near you.

We're adding more locations close to home and close to where your travel takes you. And if you're in the neighborhood of a Hertz Local Edition location, we can even come and get you.¹

We're doing our best to make it more enjoyable too, with \$15 off a three-day weekend or weekly rental plus your Member Savings discount, now through February 28, 2005. Reserve a mid-size/intermediate or higher class vehicle using your discount CDP# 12371 and PC# 955861. At the time of rental, present your membership card or Hertz Member Savings Card for identification.

For reservations, visit hertz.com, call Hertz at 1-800-654-2210 or call your travel agent.

¹Hertz Local Edition locations pick up and return only available at local sites only. Hertz rents trucks and other fine cars. © 2004 Hertz Rent a Car, Inc. All rights reserved. Hertz Local Edition offers a mid-size/intermediate or higher class vehicle (Star Class C or higher) at Hertz Standard or Future Weekly or Weekend Rates. All rates, reservations are required by 11:59pm on the day prior to rental. Weekend rates may be subject to seasonal rates. Through 11:59pm on Sunday and non-rental days 1:00pm. Member Savings discount available for the rental day only. This offer is available at participating Hertz locations in the US, including weekend rentals in Florida, Canada and Puerto Rico and is subject to vehicle availability. This offer has no cash value and may not be used with any other CDP#, coupon, discount, rate or promotion. Hertz standard driver and credit qualifications for the rental location apply and the car must be returned to that location. Minimum rental age is 25 (except where applicable). Taxes, use restrictions, driver's license, vehicle license fees and optional service charges, such as optional, are not subject to discount. This offer is available for rental vehicles picked up through February 28, 2005. Call for details.



Tomorrow's Dental Office Today

Your Road Map to Integrated Technology



You may be overwhelmed by the rapid proliferation of technology tools and resources now available to the dental practice. A new exhibit to debut at the Annual Session in Orlando will help you put it all into perspective. The mobile and fully functional "Tomorrow's Dental Office Today" pavilion showcases the latest technology as it would appear in any practice.

What's more, a self-assessment guide will help you determine where your practice stands in integrating technology and how you could improve. See Tomorrow's Dental Office Today, booth #2743!

ADA

American Dental Association



Proud Sponsors of Tomorrow's Dental Office Today:



Managing risk

Seminar at annual session to feature liability, claims experts

Orlando, Fla.—Insurers report malpractice claims are still being lost even when standard of care has been met; malpractice insurers report continued problems with dental records and patient communications.

Annual session-goers can learn where the potential risk management problems are and how to avoid them at “Managing Risk in the Dental Office,” Saturday, Oct. 2 in

Room 314 A. (Course code: N374.)

“The increase in malpractice claims makes it imperative that dentists learn effective risk management tools to decrease their chances of being sued,” said Dr. Michael Ragan, a risk management consultant for the Fortress Insurance Co. Dr. Ragan and Barry Regan, a claims manager for the Eastern Dentists Insurance Co., are presenting the interactive course.



Dr. Colton

tions are among the top reasons why dental malpractice claims are paid,” says Dr. Harris Colton, chair of the Council on Members Insurance and Retirement Programs. “Another frequent assertion in lawsuits against dentists is that the patient was

The seminar will cover:

- legal basics;
- patient rapport;
- documentation;
- informed consent;
- office issues (such as medical errors, confidentiality and more).

“Professional liability insurance companies continue to tell us that problems with record-keeping and communica-

not informed of the available treatment options and couldn't make an informed decision.”

EDIC's Mr. Regan says informed consent cases can turn into the worst-case scenarios among dental malpractice claims.

“Most practitioners believe the worst thing in the world that can happen to them is to be sued for professional malpractice,” says Mr. Regan. “It's not! It is much worse to be sued for malpractice, render treatment that does not fall below the standard of care and still lose the suit.”

The seminar will teach participants to:

- be familiar with the legal basics of professional liability claims;
- use communication techniques to improve rapport with patients;
- implement sound recordkeeping practices to improve patient care and minimize loss;
- understand the importance of informed consent;
- maintain confidentiality of patient health information;
- employ important customer service techniques to enhance patient care.

The ADA Council on Members Insurance and Retirement Programs sponsored seminar is intended for dentists, dental students and dental office staff. ■

WANTED:

Professional to handle billing, payables, marketing, computer support and numerous other tasks.

OCA OutSource
1-866-OCA-4YOU

OBJECTIVE

To provide business solutions for dental professionals that will enable doctors to enhance their practice productivity leading to greater profits without increased hours.

SKILLS

Collections
Patient Billing
Computer Software
Software Support
Bill Paying
Employee Payroll
Accounting
Purchasing
Consumer Marketing
Lease Management
Legal Support
Practice Enhancement
Free Implementation

EXPERIENCE

Over 14 years of providing highest quality business services to doctors.
New York Stock Exchange company.
Largest provider of business services to dental and orthodontic practices, serving over 600 professionals worldwide.
Develops specialized systems and software in-house, enabling continuous free updates and support as needed. Internet driven, so no expensive hardware required.
Offers individual practices the purchasing power of a large corporation with discounts and unique benefits such as air miles for supply purchases.

GET STARTED NOW

See more patients in the same amount of hours and have less paperwork with OCA OutSource. Enjoy the benefits of a large corporation with the individual attention of a small family business. OCA OutSource offers a one-year commitment to experience our systems working for you. For a free practice cost analysis to determine the financial benefits that OCA OutSource will provide, call 866-OCA-4YOU.

OCA
OutSource

3850 North Causeway Blvd • Suite 800 • Metairie, LA 70002 • 866-OCA-4YOU

ADA resources promote careers

Orlando, Fla.—Looking for ways to stimulate interest in dental careers?

Visit the Council on Dental Education and Licensure booth at annual session to review the “Something to Smile About—Careers in the Dental Profession” resources. The multimedia program encourages youth to pursue careers in dentistry, dental assisting and hygiene, and dental laboratory technology.

Dental laboratory technology career mate-

Something to Smile About



Careers in the Dental Profession

rials were added to the program earlier this year. A continuing decline in the number of DLTs and decline in the number of ADA-accredited DLT programs are factors behind the need to increase the number of people entering the DLT field.

The new Something to Smile About packet on DLT careers includes a CD-ROM PowerPoint presentation, narration and handouts, career day outline, poster, brochure, fact sheet and tabletop exhibit.

All resources and materials comprise the Campaign for Dentistry, an initiative to attract qualified students to dentistry, especially underrepresented minority students.

The ADA developed the resources to reach out to students of all ages, share the world of dentistry and encourage students to start thinking about dental careers at an early age. Also covered are mentoring and job shadowing.

Earlier this year the ADA released a new career video, “Dentistry—A Unique Profession,” highlighting the practice of dentistry and its many career options. The video includes testimonials from a public health dentist, an academic dentist, a dentist operating a mobile clinic, a military dentist and more.

View all the ADA's career resources in the CDEL booth. For more information or to view fact sheets and brochures, go to “www.ada.org/goto/careers” or contact Beverly Skoog, coordinator, Career Guidance, at Ext. 2390 or “skoogb@ada.org”. ■

Education

Continued from page one

support the advancement of dental education. Through profession-wide collaborative activities of its coalition partners, the campaign will benefit the public's oral health by providing schools and students with funds for academic development, endowed faculty positions, student scholarships and community outreach. The focus is on fostering innovation in these areas.

"I don't know of any groups that have forged a campaign like this," said ADA Executive Director James Bramson. "Our success here is going to be a model for others."

The three ADA Dental Education Summits convened since 2001 have addressed the challenges facing dental education—including the rising costs of education, dental school debt, faculty shortages and a lack of diversity among faculty. The task force will determine how the National Campaign for Dental Education will specifically address those challenges.

"The purpose of the forum was to formally engage the key stakeholders that partner with us in this endeavor," said ADA President Eugene Sekiguchi. "We have the creativity and capacity to work out the details, even if some of those details take a little longer to resolve."



Educator: Dr. Cecile Feldman, dean of the New Jersey Dental School, shares a report on a breakout session at the Aug. 24 forum.

The forum attendees were invited to comprise the campaign's task force, which will meet over the next 15 months to establish the protocol for collaborative interaction, decision-making and action.

Ketchum, one of the nation's most highly respected fundraising consulting firms, conducted a planning study by interviewing 137 organized dentistry leaders, practitioners, educators, dental specialists and industry represen-



Workshop: Dr. Leo Rouse (right), dean of the Howard University College of Dentistry, speaks out while Dr. Charles Siroky (center), president of the AAE Foundation, listens on.

tatives to determine the feasibility of creating a \$1 billion endowment fund for dental education. The study found universal understanding of the need for a dramatic investment in dental education.

Subsequently, Ketchum recommended that the ADA Foundation establish a 12-year goal of \$250 million as the first step toward a \$1 billion objective over the next 25 years—which was unanimously approved by the ADA Foundation Board of Directors and the ADA Board of Trustees.

The Ketchum study also concluded that the success of the proposed fundraising campaign hinges on the profession's awareness of the challenges facing dental education. To that end, the ADA Foundation will conduct a public awareness campaign over the next few years to heighten the awareness of these challenges, and how they affect the private practitioner and the public.

"As dental professionals, if we don't take responsibility for strengthening our education system, who will?" said Dr. Linda Niessen, Forum participant and vice president, clinical education for Dentistry International; member, ADAF board; and chair, American Association of Public Health Dentistry Foundation.

"We are in the top five percent of income earners in the country, and our educational enterprise is what allowed us to do that," she added. "Let's start by giving back to our educational institutions. If not through the institutions, then through the ADA Foundation."

Dr. Charles Siroky, president of the American Association of Endodontists Foundation and past ADA Board member, stated: "It is critical that all facets of the bright jewel of dentistry be at the table as we work to enhance dental education."

The National Campaign for Dental Education is set to go public in 2007. ■

Go platinum

New ADA select business credit card

ADA Member Advantage and Citibank are proud to announce the launch of the ADA Platinum Select Business Card, a unique credit card designed specifically for ADA members with their business needs in mind.

The new card allows practitioners to keep busi-

ness and personal spending separate, with the additional benefit of earning up to 100,000 Travel Rewards points a year and no annual fee.

How does the ADA Business Card differ from the ADA MasterCard?

The ADA Business Card is underwritten and issued to the practice, which means that office managers and staff may utilize the card for business expenses. Users of the Business Card will receive quarterly and annual expense summaries with business and personal expenses listed separately for easier tracking and accounting.

In addition, ADA Business Card members will have access to the following benefits exclusively from Citibank:

- "Ask the experts"—Business advice from a team of business owners and professionals.
- Deals and discounts—Ongoing offers for savings on business needs such as car rentals, shipping and office equipment.
- 24-hour personal business assistant—24-hour access to a personal assistant for help with anything from coordinating business arrangements to finding a hotel.

All offers are accessible via the Web site.


It's the Travel Rewards program that makes the ADA Business Card unique from other business credit cards. Practitioners can earn one point for each dollar spent for both personal and business expenses. Redeeming points is simple, and users can fly most scheduled airlines with no blackout dates.

The introduction of the ADA Business Card, along with the existing ADA WorldCard and ADA Platinum Card with a low interest rate, provides a full suite of credit cards designed for ADA members. To determine which card is best for you, visit ADA Member Advantage at annual session (Booth 2343) to speak with a Citibank representative.

For a new ADA Business Card, call 1-800-426-3399. If you are an existing cardholder, call 1-866-746-0787. Or, visit the Citibank Web site at "www.business.adacard.com". ■

INTERNATIONAL DENTAL STUDIES PROGRAM

is a two year D.D.S. program for foreign trained graduates seeking further knowledge and quality professional education in American dental techniques. We believe your time is precious. We can appreciate your goals and we will guide you in your achievements in the professional dental world. If you plan to broaden your dental education in America, consider San Francisco as being the home of the finest dental institution in the United States.



University of the Pacific School of Dentistry
International Dental Studies Program
2125 Webster Street
San Francisco, CA 94115 USA
Phone 415 328 6688 Fax 415 148 0284
www.dental.up.edu

ROCKY MOUNTAIN DENTAL CONVENTION

CONNECTIONS 2005

DC

Innovate and Elevate

The Rocky Mountain Dental Convention
January 20-22, 2005

Get relevant information to help your practice thrive while enjoying all that downtown Denver and the Rocky Mountains have to offer.

For a list of speakers, topics, Denver activities & online registration visit...
www.rmdconline.com

Enter code 200527 for your special online registration discount.





Chair: Dr. T. Howard Jones reports the Task Force on Patient-Based Exams' findings to the ADA Board of Trustees Aug. 9.



AADE: Dr. Cynthia Riffle, AADE president-elect, presents the AADE's vision of a national exam for licensure to the ADA Board.

ing the format or content of the proposed national exam, the task force's report reflects its concerns regarding the discrepancy between current exam models and the features of an ideal exam."

In April, the ADA Council on Dental Education and Licensure recommended its support for a national exam for graduates of ADA-accredited dental schools. At the July 9 task force meeting, the AADE representatives on the task force called for the group to support their efforts to develop a national exam. They reiterated the AADE's support of an exam that uses human subjects, and stated they do not support the use of portfolios in the licensure process.

Though the use of human subjects on exams continues to be a divisive issue, Dr. Cosby said AADE's American Dental Licensure Examination Committee is constructing the national exam so that patient treatment components are performed

in the academic year on patients of record within an approved treatment plan.

"Whenever psychometrically valid, components of the licensure examination have been moved to interactive computer-based models, Objective Structured Clinical Examinations and/or manikin demonstrations," he said. "Certain skill sets and patient treatment issues, however, still require patient treatment to be evaluated in order to conform to the principles of fidelity in our process."

Added Dr. Cosby: "AADE will continue to evaluate alternative and innovative methods for examination constructs within our mandate to protect the public through a valid and reliable licensure process."

The consensus committee established by the Board will begin its work in earnest this fall. Stay tuned. ■

Exam

Continued from page one

with the general thought that it is time for there to be a collaborative effort to establish a common core national exam," said Dr. Jones. "It's not productive for an exam to be developed unilaterally that the communities of interest will not support. For that reason, a collaborative effort is vital to this process for consensus on the final product."

Dr. John C. Cosby Jr., AADE president, agreed with the Board decision and added that the AADE has been "making tremendous progress on the development of this uniform examination process."

Seventy-five percent of a national clinical licensure exam has already been developed, AADE leaders told the Board Aug. 9, and they expressed their willingness to collaborate with the ADA.

"We feel this course of action will be successful, based on the AADE moving forward in the direction they explained," said ADA Executive Director James Bramson. "However, the Board is committed to going back and re-evaluating this decision, if needed, to ensure that the exam has been developed with the interests of all stakeholders in mind."

Dr. Cosby stated that "the AADE always has and will continue to solicit the input and involvement from the communities of interest in the development and evolution of examinations."

In B-83-2004, the Board calls for establishing a National Clinical Licensing Examination Consensus Committee (to include the appropriate communities of interest, with expert consultants as needed) to provide input on developing a national exam for evaluation of clinical competency.

As directed by the House of Delegates in Res. 114H-2001, the Task Force on Patient-Based Exams included equal representation from the those involved in the licensure process: the ADA, AADE, American Dental Education Association, American Student Dental Association and Committee on the New Dentist. Having met three times since 2002, the task force considered the role of patient-based exams and potential methods for evaluating clinical competency for licensure.

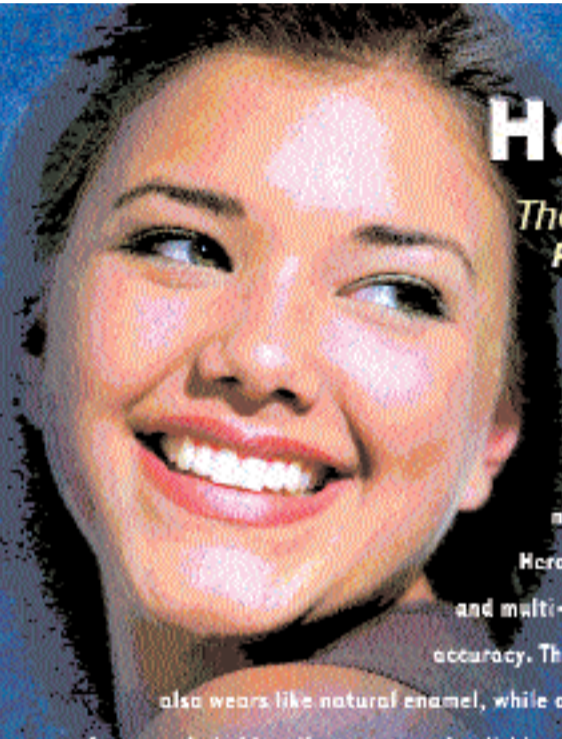
"Many good things have happened in the past few years, thanks to a general openness in seeking mutually agreeable solutions," said Dr. Jones.

Dr. Sekiguchi stated that Dr. Jones represented the ADA "incredibly well" as task force chair.

"We would not be where we are today on the development of a national clinical exam without his outstanding leadership," added Dr. Sekiguchi. "The next steps in this needed collaboration will be critical to the success of a new exam, and the Board is committed to doing whatever is needed to ensure that the profession is truly moving forward."

There were some setbacks in collaboration, however—most notably with the breakdown of the AADE/ADEA Innovative Testing and Educational Methodologies committee in 2003.

"I started out viewing the ADA as a facilitator in the effort to change dental licensure," said Dr. Jones. "Lately there has not been enough collaboration, and I believe the ADA should take a more active role in coordination of the effort to involve appropriate groups in the process. Without defin-




HeraCeram™

The New Standard for PFM Beauty & Performance

Get unmatched clarity and beauty from this unique combination of quartz technology and leucite crystals. The luminescence and natural opalescence of HeraCeram from Heraeus Kulzer exhibit increased brilliance and multi-layered coloration for improved shade accuracy. The dense, smooth surface of HeraCeram also wears like natural enamel, while allowing for easy chairside adjustments and polishing.

HeraCeram Stacked Porcelain Veneers
\$120 | unit

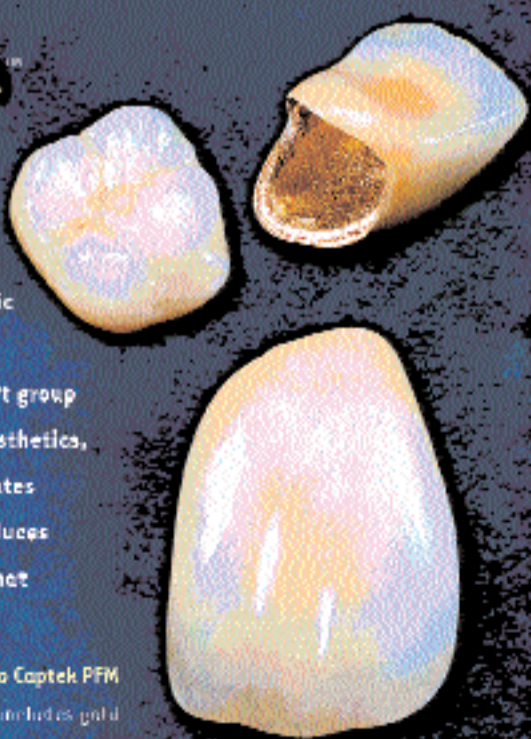


HeraCeram to Captek™

An Unbeatable Esthetic PFM


Combine Captek's 22kt gold copings with HeraCeram for a premium esthetic PFM. The warmth of the underlying composite gold alloy (88.2% Au, 9% Pt group metals, 2.8% Ag) produces superior esthetics, prevents marginal graying, demonstrates excellent soft tissue response and reduces marginal plaque. For your patients, that means beautiful, natural smiles.

HeraCeram to Captek PFM
\$140 | unit | includes gold




Here's why you should CHOOSE DAL

- 7 Days In-Lab, Cases Delivered On-Time
- 5-year warranty on all HeraCeram PFMs, Veneers and Captek Restorations
- DAL is a UCLA Advanced Captek Certified Laboratory using the Captek Automated Pressing Procedure for precise, consistent copings
- Convenient, Overnight Shipping




"The combination of HeraCeram Stacked Porcelain Veneers and Captek PFM sets a new standard for esthetic and performance. My patients' high performance restorations is an asset to my practice!"

Dr. John Scott
Chattanooga, TN



NASTI
INSTITUTE
of Dental Learning
Call for a 2004 course schedule.



DENTAL ARTS
LABORATORIES, INC.

941 N. F. Perry Avenue
Hoffman, IL 61804-3428
www.dentalartslab.com

Helping You Restore Beautiful Smiles™

1-800-227-4142

Call for case pickup and Airborne Express overnight shipping options

Good morning, ADA

Get a special start to your annual session days

BY STACIE CROZIER

Orlando, Fla.—Start your annual session mornings off with style by attending the ADA's eye-opening programs.

On Friday, Oct. 1, Dr. James B. Bramson, ADA executive director, will serve as your morning news anchor for a special program, "Good Morning, ADA" when the opening session convenes in the Orange County Convention Center's Halls A2 and A3. Dr. Bramson and his co-hosts, ADA President Dr.



Eugene Sekiguchi and President-Elect, Dr. Richard Haught will provide up-to-date infor-

mation on how the dedication of the community of dentists has an impact on the lives of so many. The program will feature special segments on the changing environment for dentistry—from the workforce to technological advancements to best business practices that affect how we treat our patients. You'll also get a sneak peak of the many pleasurable things to experience when you attend ADA 05Philadelphia.

Friday's "Good Morning ADA" multimedia



Mr. Major



Capt. Lovell

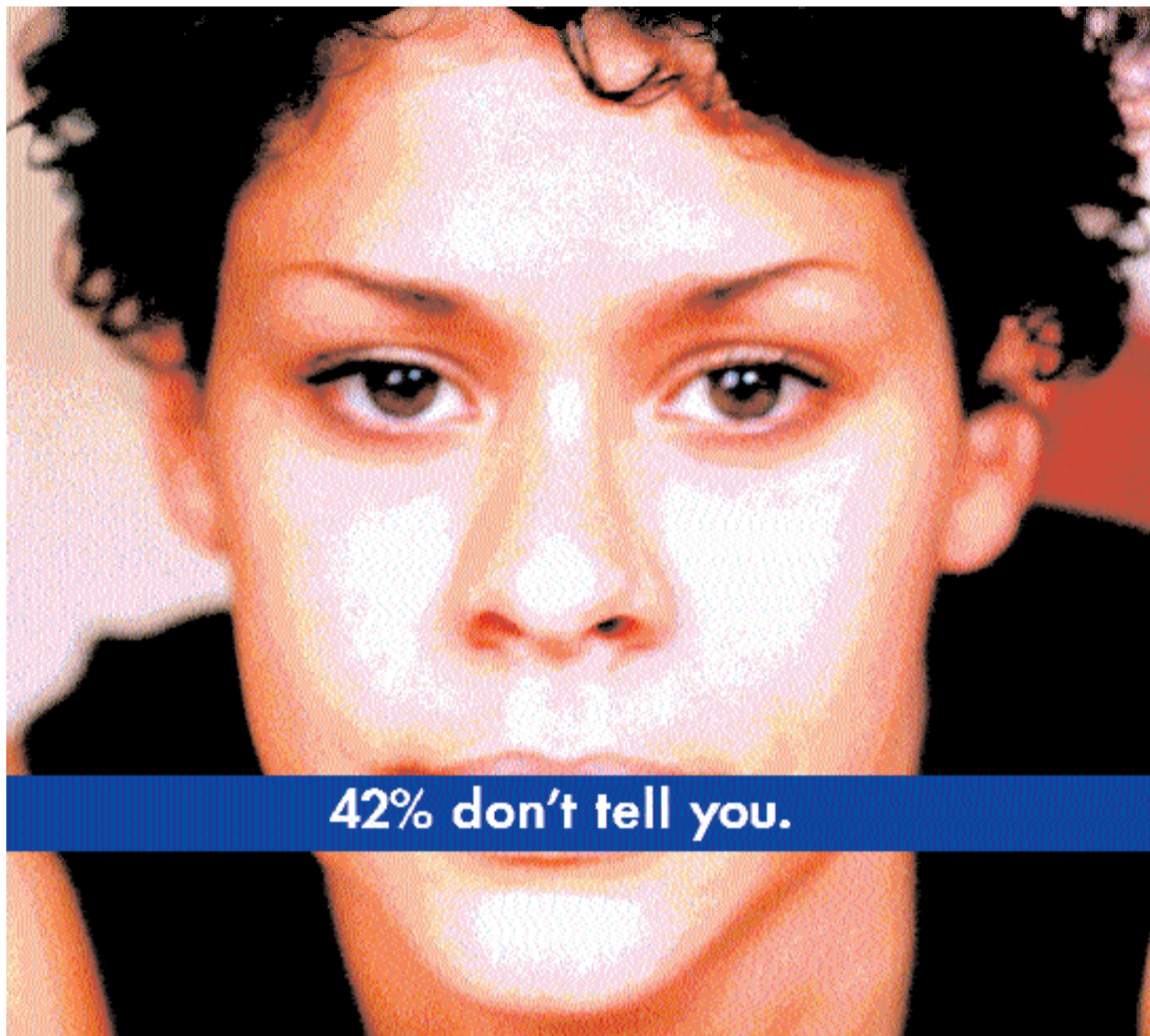
show will lead into the kickoff of the 2004 ADA/Sonicare Distinguished Speaker Series program featuring former British Prime Minister John Major.

Mr. Major, a renowned leader and expert in world affairs, grew up in a working class neighborhood but went on from his humble beginnings to become Great Britain's youngest prime minister in the past century. Under his leadership, the nation's economy turned from near bankruptcy to growth and prosperity. Mr. Major will give his perspective on current world affairs in his presentation: "The Changing World."

The program begins at 8 a.m. This event is open to all registered attendees of the annual session. Your annual session badge is required for entry. Seating is available beginning at 7:15 a.m. on a first-come, first-served basis.

On Sunday, Oct. 3, "Good Morning, ADA" returns at 8:15 a.m. in Halls A2 and A3, followed by the ADA/Sonicare Distinguished Speaker Series presentation by former astronaut Capt. Jim Lovell. Capt. Lovell, a true American hero, will discuss how he worked with NASA crew at mission control to safely guide the crew of the ill-fated Apollo 13 mission back to earth after a disastrous fire shut down most of the spacecraft's operations systems.

The program begins at 8:15 a.m. This event is open to all registered attendees of annual session. Your annual session badge is required for entry. Seating is available beginning at 7:30 a.m. on a first-come, first-served basis. ■



42% don't tell you.



42% of patients with dentin hypersensitivity don't tell you they have sensitive tooth pain! They manage the pain by changing the way they eat, drink, and brush.

That's why you have to specifically ask every patient every time if they have sensitive teeth. Then recommend Sensodyne®.

Visit Booth #741 at the 2004 ADA Annual Session



For your free Sensodyne® samples, call 1-800-652-5625 or



MAXIMUM STRENGTH with Fluoride
Sensodyne

Made #1 by America's dental professionals.

Reference: 1. Data on file, GlaxoSmithKline.

*Maximum ADA sensitivity in the ingredient list is excluded.

Sensodyne is a registered trademark of GlaxoSmithKline. ©2004 GlaxoSmithKline Consumer Healthcare, LP.

03014-978C

New courses

Orlando, Fla.—Just added to the continuing education lineup at annual session: "Creating Natural Esthetics Utilizing a Next Generation Composite Material, with Dr. Frank Milnar, underwritten by GC America.

This workshop provides hands-on experience with a new restorative system that uses anatomical layering techniques to obtain hue, chroma and value that achieve a natural esthetic outcome. Participants will fabricate a direct veneer using a new composite material.

Dr. Milnar will present this half-day hands-on workshop for dentists Oct. 1, from 9:30 a.m.-noon (course code: W358) or 2-4:30 p.m. (course code: W359). Tickets are \$255 for dentists and \$95 for new dentists. ■

Blood drive to aid state

Orlando, Fla.—In light of the recent devastating hurricanes that have hit Florida, the ADA and the ADA Foundation are sponsoring a blood drive to help those impacted by the storms.

Those at annual session have a unique opportunity to provide aid to the community hosting this year's meeting by participating in the blood drive Friday, Oct. 1, at the Orange County Convention Center adjacent to the ADA Foundation Health Screening Program, from 9 a.m.-3 p.m. Any registered attendee may donate blood. Donors are encouraged to eat a well-balanced meal up to four hours before donating blood. ■

Dentist's son takes Gold medal in Greece

BY KAREN FOX

Athens, Greece—In the waning moments of the men's 4x200-meter freestyle relay at the Olympic Games and his 20-year-old son at poolside, Dr. Mark Vanderkaay watched with bated breath.

"I think if there were another five meters to swim we might not have gotten the gold medal," said the general dentist from Royal Oak, Mich.

But this would be Team USA's year, and on Aug. 17 Peter Vanderkaay and his teammates won the gold after finishing just 13-hundredths of a second over a renowned Australian team that defeated the United States by five seconds in the 2000 Olympic games.

"We realized beforehand that the U.S.'s times were quite close to what the Australian's team times were going to be. We figured it would be close, and thought they could win the silver medal if things went according to plan," said Dr. Vanderkaay, hours after returning from Athens.

"I can't tell you how fortunate we feel to have seen one of our kids compete at that level," he said. "Even if my kids never got to that level, I'm just glad that they got to compete in swimming. It's not that celebrated but it's a great sport, and the amount of time and effort they put in has really paid off."

The Vanderkaays may be a swimming dynasty. Dr. Vanderkaay and his wife Robin, a dental hygienist, are accomplished athletes and swimmers—Dr. Vanderkaay swam at Albion College in Michigan, and says his wife was even more talented than him. All their children excel in swimming.

"Christian, our oldest, swims at the University of Michigan and was the state champ in breast-stroke; Peter does distance freestyle and is a middle-distance swimmer; and Alex and Dane are

all-around good swimmers and butterflyers, and good distance swimmers, too," said their father.

Peter Vanderkaay's achievement is another in dentistry's ties to the Olympic Games. Dr. Jim Yamaguchi's daughter Kristi brought home Olympic gold in figure skating in 1992, and at least 28 dentists have competed in the Olympics. For information, go to "www.rmortho.com/halloffame/halloffame.asp". ■



Gold: Dr. Vanderkaay (right) with wife Robin and son Peter outside the Olympic Village in Athens, Greece.

No flu shots at session

Orlando, Fla.—Flu shots reserved for participants of the ADA Foundation's 41st Health Screening Program at annual session will not be available due to a problem of one of the nation's two manufacturers.

Chiron Corp., a California manufacturer of about half of the flu vaccine used in the United States, halted shipments last month due to sterility problems. The company is retesting the vaccine and will not be able to deliver flu shots in time for annual session Sept. 30-Oct. 3. Chiron expects to begin shipping again in early October. ■

246044M412
Advantage Dental to be
place by Quad

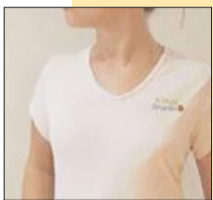
ADA Store offers wide selection

Orlando, Fla.—If you're going to Orlando for annual session, don't miss out on the ADA's latest products, souvenirs and unique gifts at the newly renovated ADA Store.

Visitors this year can browse the largest selection of ADA Catalog products ever. For the first time ever, ADA patient education brochures such as "Periodontal Diseases: Preventing Tooth Loss" can be purchased in small, easy-to-carry packs. As a special offer, spend just \$50 in the ADA Store and receive a free mini-book that includes heart-warming dental office stories for your reception area.

On Oct. 1-2, the ADA Store hosts exclusive book signings featuring author Dr. Judith Briles, who will sign copies of "Zapping Conflict in the Health Care Workplace," "Stop Stabbing Yourself in the Back" and "The Confidence Factor." Signings take place Friday, Oct. 1, from 4-5 p.m. and Saturday, Oct. 2, 11 a.m.-2 p.m.

ADA mascot Dudley the Dinosaur will be at the ADA Store daily from 10:30 to 11 a.m. and from 2 to 2:30 p.m. Bring your family and staff and pose for a free photo. ■



DR conference gets rave reviews

Annual direct reimbursement meeting adds dental benefits

BY ARLENE FURLONG

Dentists at the National DR and Dental Benefits Conference found a little bit of tension to be a good thing.

For the first time, the ADA Council on Dental Benefit Programs included representatives from dental benefit plans to the annual Direct Reimbursement conference. The meeting convened July 30-31 at ADA Headquarters in Chicago. The new forum led to open discussions that a mix of dentists later said enhanced the program.

"Discussions about direct reimbursement and competing dental benefit plans belong together—even if controversial," said Dr. Francesca



Break time: Drs. Anita and Kevin Robertson have a laugh at the DR conference.



Ad 246044m407 to be placed at Quad!!!!

DeRose, a 10-year proponent of direct reimbursement plans through the Wisconsin Dental Association.

"Once a dentist accepts certain plans, it's not so easy to drop them," explained Dr. DeRose. "All dentists, but particularly new dentists, should learn everything they can about their reimbursement options."

Among a record number of newcomers to this year's conference was 32-year-old Dr. Chris Omeltschenko, joined by his wife, Robin, who doubles as his office manager. Dr. Omeltschenko inherited a myriad of insurance plans, and problems, since purchasing an established dental

Dr. DeRose: "All dentists, but particularly new dentists, should learn everything they can about their reimbursement options."

■ "I never realized the ADA is so interested in dentists' reimbursement issues," says Dr. Omeltschenko. "Comparing dental benefit and DR plans at the conference was really educational."

practice in Cincinnati four years ago.

"Each month, we write off \$9,000 in collectables that third-party payers fail to reimburse," complained Ms. Omeltschenko. "This is no way to run a business."

Since the conference, Dr. Omeltschenko believes he's got an alternative. Now, when patients complain about their coverage, he and Robin pitch direct reimbursement.

"I never realized the ADA is so interested in dentists' reimbursement issues," said Dr. Omeltschenko. "Comparing dental benefits and DR plans at the conference was really educational."

Networking with other ADA conference participants about their reimbursement problems led the couple to Dennis Reidmiller, a Cincinnati direct reimbursement broker and president of the Consumer Directed Benefits Association.

"Consumer-directed is the new buzzword," said Mr. Reidmiller, after the conference. "Historically, the insurance industry has taken the consumer out of the process and now there's a sense in the community that this is why we have high health care costs. That's why there's this drive toward consumer-directed dental plans."

In his presentation, "Dental Benefits: A Changing Landscape," Dr. Ronald E. Inge, associate executive director, ADA Division of Dental Practice, emphasized the important role dentists play in any consumer-driven plan.

See DR 2004, page 30

DR 2004

Continued from page 28

"Patients may be informed enough to ask the right questions, but they need their dentists' interpretations to be informed consumers," explained Dr. Inge to an immersed audience. "Dentists have to have answers. And that's why dentists have to be aware of what's offered in their patients' plans."



Dr. Singer: "The new conference format was educational for everyone," says the chair of the ADA Dental Benefit Information Service and Third-Party Issues Subcommittee.

Drs. Anita and Kevin Robertson were also among the first-timers learning about direct reimbursement at the ADA conference. Six years out of dental school and two months into a new practice, the couple believes in fee-for-service dentistry.

"I'm a business guy and I know how hard it is to get people to look at new information," said Dr. Kevin Robertson. "So, talking to patients about DR and knowing how to answer their questions while they're in your dental chair makes sense. You've got to take advantage of a captive audience."



Looking ahead: "This is our future," says Ms. Omeltschenko, about the importance of understanding the direct reimbursement concept, shown above with her husband, Dr. Chris Omeltschenko.

Representatives from United Concordia Companies and Guardian-First Commonwealth dental insurance plans, as well as Ameriplan dental referral plan, spoke on behalf of the dental benefit industry at the 2004 conference.

The CDBP is already planning the agenda for next year's National DR and Dental Benefits Conference, set for August 12-13, 2005, at ADA Headquarters in Chicago.

Dentists and dental office staff can learn how to best answer all of the questions they or their patients have about DR at ADA.org. Go to "www.ADA.org/DR" or contact DBIS and Third-Party-Issues manager Dennis McHugh, by phone, toll-free, Ext. 2586 or e-mail at "mchughd@ada.org". Dentists can also call the ADA's Council on Dental Benefit Programs toll-free, Ext. 2746. ■

DR resources from the ADA

Many direct reimbursement resources are available to constituent and component societies, as well as to individual dentists and other interested parties, such as employers and direct reimbursement brokers.

- "Direct Reimbursement: A Guide for the Dental Office" is a 4 x 9-inch brochure that describes the special role of the dental team in DR promotion. Its Q & A format assists dentists and their staff in identifying the best DR prospects, provides suggestions for broaching the subject of DR and raises legal considerations. The brochure lists resources available to this audience and it also contains a glossary.

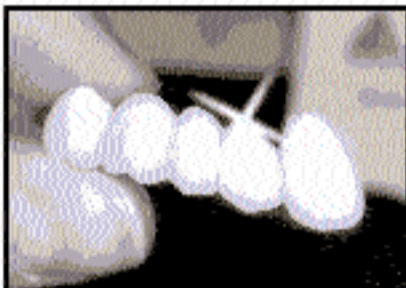
- "Direct Reimbursement: A Brush Up for the Dental Office," is a quick-reference card for a standard letter envelope, which concisely summarizes the DR concept for dentists and their office staff. It defines DR and lists the primary benefits to patients, employers and dental offices.

- DR bill stuffers are available in two formats. One is a glossy, tri-folded bill stuffer intended for dentists to include with their patient invoice mailings and it is titled "Are You Satisfied With Your Dental Plan?" It offers a brief introduction to the concept of DR. It can be purchased from the ADA's Department of Salable Materials at 1-800-947-4746.

- "Direct Reimbursement: An Introduction" serves as a "bridge" piece between the DR brochure and the DR Kit. In a Q & A format, this 6 x 9-inch booklet is an excellent tool for employers who are interested in more information about DR, as well as for brokers, benefits consultants and third-party administrators who wish to promote DR to clients. This is our most popular brochure and is sent to all employers who call the ADA for DR information. It is also available in Spanish.

Most of the DR materials are available for distribution. Dental societies, brokers and all other third parties using ADA materials must sign an annual licensing agreement that spells out the terms of use. For a copy of the license agreement, to request copies of any of the ADA materials available or to learn more about other direct reimbursement resources, ADA members can call ADA staff toll-free at Ext. 2746. Employers and brokers can call 1-312-440-2746. ■

Would You Like To Have Beautiful Restorations Back In Your Office In 2 Days?



At TRIPALAY Dental Laboratory One Certified Dental Technician Will Accurately And Promptly Complete Your Casework

- No Assembly Line
- No Interruptions
- No Delays

Call Aaron Or Sandy At **800-252-0232**

Aaron A. Anderson, CDE
Production Supervisor

Sandy Lammachlyser
Production Supervisor



Porcelain-Fused-To	
Base Alloy	.....\$79
Noble Alloy	.....\$95
High Noble White	.....\$105
High Noble Yellow	.....\$110
"Pinnacle/Captek"	.....\$105
All-Ceramic Frame	.....\$115
Gold Inlays/Crowns	.....\$90
Porcelain Veneers	.....\$90
Porcelain Inlays/ Crowns	.....\$99
Nano-Hybrid Composites	.....\$75
"Shine-Temp" Provisionals	.....\$25

Fees Include All Alloys



1600 Youngerman Circle
Jacksonville, FL 32244
(904) 733-1604

TITANIUM SECTION VALVES



High Precision Machining for lasting quality and durability. Chemically inert, withstands disinfectants, even bleach!

	Aluminum	Titanium
Right Angle	\$75	\$125
Straight Angle	\$50	\$100
Saliva Ejector	\$15	\$95

PLUMBING FREEDOM



Fully Self-Contained with Amalgam Separator
only **\$5,900**

BUY DIRECT & SAVE!

800-566-9953
www.asimedical.net
Made in the USA



Dr. Dugoni

Continued from page eight

(with six more to follow), about visiting a little village in northern Italy, which his parents had left years before seeking "a better life" in America.

He talked about his mother's insistence that he "get an education" and make something of himself. But most of all, he talked about the people gathered around him in the courtyard, and about those who could not be there.

"I wouldn't be here if it weren't for all of you and 5,000 other graduates and members of our faculty and staff who are retired or passed away," he said, declaring all of them "the magic" that makes the university and the dental school successful.

"You're the people who make it happen. You're the people who care. You're the people who make a difference."

Then, to Dr. Dugoni's surprise, his 17-year-old grandson, Nic Rouleau, stepped up and sang the song, "This is the Moment." The meaning and the melody brought nearly everyone to tears.

They were tears of joy for a man who has devoted his working life to dental education and the dental profession. ■

80 Years of Excellence in the Capital of the World

Greater New York Dental Meeting 2004

Scientific Programs: November 26 - December 1, 2004
Exhibit Dates: November 28 - December 1, 2004

New York Marriott Marquis Hotel
Jacob K. Javits Convention Center

ENJOY NEW YORK CITY AT ITS BEST!

Over 300 Education Programs Including
Seminars, Essays, Projected Clinics
& Workshops

More Than 1300 Technical Exhibits
Representing 500+ Companies

Broadway Shows, Ballet, Opera,
Museums, Fantastic Holiday Shopping
and Fine Dining



No Registration Fee When Attendee
Purchases One Full-Day or Two Half-Day
Seminar or Workshop Tickets
and Pre-Registers

Check Our Website For Registration,
Hotel, Program and Exhibitor

WWW.GNYDM.COM

DR conference gets rave reviews

Annual direct reimbursement meeting adds dental benefits

BY ARLENE FURLONG

Dentists at the National DR and Dental Benefits Conference found a little bit of tension to be a good thing.

For the first time, the ADA Council on Dental Benefit Programs included representatives from dental benefit plans to the annual Direct Reimbursement conference. The meeting convened July 30-31 at ADA Headquarters in Chicago. The new forum led to open discussions that a mix of dentists later said enhanced the program.

"Discussions about direct reimbursement and competing dental benefit plans belong together—even if controversial," said Dr. Francesca



Break time: Drs. Anita and Kevin Robertson have a laugh at the DR conference.



Ad 246044m407 to be placed at Quad!!!!

DeRose, a 10-year proponent of direct reimbursement plans through the Wisconsin Dental Association.

"Once a dentist accepts certain plans, it's not so easy to drop them," explained Dr. DeRose. "All dentists, but particularly new dentists, should learn everything they can about their reimbursement options."

Among a record number of newcomers to this year's conference was 32-year-old Dr. Chris Omeltschenko, joined by his wife, Robin, who doubles as his office manager. Dr. Omeltschenko inherited a myriad of insurance plans, and problems, since purchasing an established dental

Dr. DeRose: "All dentists, but particularly new dentists, should learn everything they can about their reimbursement options."

■ "I never realized the ADA is so interested in dentists' reimbursement issues," says Dr. Omeltschenko. "Comparing dental benefit and DR plans at the conference was really educational."

practice in Cincinnati four years ago.

"Each month, we write off \$9,000 in collectables that third-party payers fail to reimburse," complained Ms. Omeltschenko. "This is no way to run a business."

Since the conference, Dr. Omeltschenko believes he's got an alternative. Now, when patients complain about their coverage, he and Robin pitch direct reimbursement.

"I never realized the ADA is so interested in dentists' reimbursement issues," said Dr. Omeltschenko. "Comparing dental benefits and DR plans at the conference was really educational."

Networking with other ADA conference participants about their reimbursement problems led the couple to Dennis Reidmiller, a Cincinnati direct reimbursement broker and president of the Consumer Directed Benefits Association.

"Consumer-directed is the new buzzword," said Mr. Reidmiller, after the conference. "Historically, the insurance industry has taken the consumer out of the process and now there's a sense in the community that this is why we have high health care costs. That's why there's this drive toward consumer-directed dental plans."

In his presentation, "Dental Benefits: A Changing Landscape," Dr. Ronald E. Inge, associate executive director, ADA Division of Dental Practice, emphasized the important role dentists play in any consumer-driven plan.

See DR 2004, page 30

DR 2004

Continued from page 28

"Patients may be informed enough to ask the right questions, but they need their dentists' interpretations to be informed consumers," explained Dr. Inge to an immersed audience. "Dentists have to have answers. And that's why dentists have to be aware of what's offered in their patients' plans."



Dr. Singer: "The new conference format was educational for everyone," says the chair of the ADA Dental Benefit Information Service and Third-Party Issues Subcommittee.

Drs. Anita and Kevin Robertson were also among the first-timers learning about direct reimbursement at the ADA conference. Six years out of dental school and two months into a new practice, the couple believes in fee-for-service dentistry.

"I'm a business guy and I know how hard it is to get people to look at new information," said Dr. Kevin Robertson. "So, talking to patients about DR and knowing how to answer their questions while they're in your dental chair makes sense. You've got to take advantage of a captive audience."



Looking ahead: "This is our future," says Ms. Omeltschenko, about the importance of understanding the direct reimbursement concept, shown above with her husband, Dr. Chris Omeltschenko.

Representatives from United Concordia Companies and Guardian-First Commonwealth dental insurance plans, as well as Ameriplan dental referral plan, spoke on behalf of the dental benefit industry at the 2004 conference.

The CDBP is already planning the agenda for next year's National DR and Dental Benefits Conference, set for August 12-13, 2005, at ADA Headquarters in Chicago.

Dentists and dental office staff can learn how to best answer all of the questions they or their patients have about DR at ADA.org. Go to "www.ADA.org/DR" or contact DBIS and Third-Party-Issues manager Dennis McHugh, by phone, toll-free, Ext. 2586 or e-mail at "mchughd@ada.org". Dentists can also call the ADA's Council on Dental Benefit Programs toll-free, Ext. 2746. ■

DR resources from the ADA

Many direct reimbursement resources are available to constituent and component societies, as well as to individual dentists and other interested parties, such as employers and direct reimbursement brokers.

- "Direct Reimbursement: A Guide for the Dental Office" is a 4 x 9-inch brochure that describes the special role of the dental team in DR promotion. Its Q & A format assists dentists and their staff in identifying the best DR prospects, provides suggestions for broaching the subject of DR and raises legal considerations. The brochure lists resources available to this audience and it also contains a glossary.

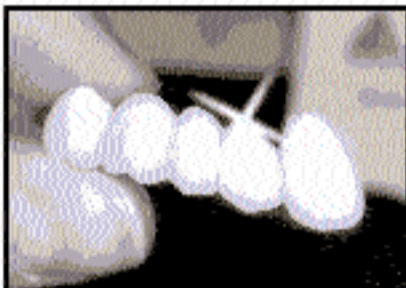
- "Direct Reimbursement: A Brush Up for the Dental Office," is a quick-reference card for a standard letter envelope, which concisely summarizes the DR concept for dentists and their office staff. It defines DR and lists the primary benefits to patients, employers and dental offices.

- DR bill stuffers are available in two formats. One is a glossy, tri-folded bill stuffer intended for dentists to include with their patient invoice mailings and it is titled "Are You Satisfied With Your Dental Plan?" It offers a brief introduction to the concept of DR. It can be purchased from the ADA's Department of Salable Materials at 1-800-947-4746.

- "Direct Reimbursement: An Introduction" serves as a "bridge" piece between the DR brochure and the DR Kit. In a Q & A format, this 6 x 9-inch booklet is an excellent tool for employers who are interested in more information about DR, as well as for brokers, benefits consultants and third-party administrators who wish to promote DR to clients. This is our most popular brochure and is sent to all employers who call the ADA for DR information. It is also available in Spanish.

Most of the DR materials are available for distribution. Dental societies, brokers and all other third parties using ADA materials must sign an annual licensing agreement that spells out the terms of use. For a copy of the license agreement, to request copies of any of the ADA materials available or to learn more about other direct reimbursement resources, ADA members can call ADA staff toll-free at Ext. 2746. Employers and brokers can call 1-312-440-2746. ■

Would You Like To Have Beautiful Restorations Back In Your Office In 2 Days?



At TRIPALAY Dental Laboratory **One** Certified Dental Technician Will Accurately And Promptly Complete Your Casework

- No Assembly Line
- No Interruptions
- No Delays

Call Aaron Or Sandy At **800-252-0232**

Aaron A. Anderson, CDE
Production Supervisor

Sandy Lammachlyser
Dental Technician



Porcelain-Fused-To	
Base Alloy	.....\$79
Noble Alloy	.....\$95
High Noble White	.....\$105
High Noble Yellow	.....\$110
"Pinnacle/Captek"	.....\$105
All-Ceramic Frame	.....\$115
Gold Inlays/Crowns	.....\$90
Porcelain Veneers	.....\$90
Porcelain Inlays/ Crowns	.....\$99
Nano-Hybrid Composites	.....\$75
"Shine-Temp" Provisionals	.....\$25

Fees Include All Alloys



1600 Youngerman Circle
Jacksonville, FL 32244
(904) 731-1604

TITANIUM SECTION VALVES



High Precision Machining for lasting quality and durability. Chemically inert, withstands disinfectants, even bleach!

	Aluminum	Titanium
Right Angle	\$75	\$125
Straight Angle	\$50	\$100
Saliva Ejector	\$15	\$95

PLUMBING FREEDOM



Fully Self-Contained with Amalgam Separator
only **\$5,900**

BUY DIRECT & SAVE!

800-566-9953
www.asimedical.net
Made in the USA



Dr. Dugoni

Continued from page eight

(with six more to follow), about visiting a little village in northern Italy, which his parents had left years before seeking "a better life" in America.

He talked about his mother's insistence that he "get an education" and make something of himself. But most of all, he talked about the people gathered around him in the courtyard, and about those who could not be there.

"I wouldn't be here if it weren't for all of you and 5,000 other graduates and members of our faculty and staff who are retired or passed away," he said, declaring all of them "the magic" that makes the university and the dental school successful.

"You're the people who make it happen. You're the people who care. You're the people who make a difference."

Then, to Dr. Dugoni's surprise, his 17-year-old grandson, Nic Rouleau, stepped up and sang the song, "This is the Moment." The meaning and the melody brought nearly everyone to tears.

They were tears of joy for a man who has devoted his working life to dental education and the dental profession. ■



Evaluated as the best desensitizer by some of the world's top evaluation groups and leading clinicians, Hemaseal & Cide is now available in Unidose for convenience and ease of use. Hemaseal & Cide has a patented formula of 4% chlorhexidine, hema and water. Tests show this special formula to be extremely effective in eliminating sensitivity, maintaining bond strength and increasing bond strengths with self-etch products. Hemaseal & Cide is used under all bonding and cementation procedures.

Advantage Dental Products Inc.
Booth #1882



3M ESPE introduces Impregum™ Penta™ Soft Quick Step Impression Material, which enables dental professionals to take an accurate polyether impression 33% faster than conventional polyether materials. Especially suited for one- and two-unit cases, Impregum Penta Soft Quick Step impression material demonstrates better initial hydrophilicity than any VPS and offers excellent flow properties, allowing it to flow into critical areas with very low pressure exerted. The material offers a maximum working time of one minute and an intra-oral setting time of three minutes.

3M ESPE
Booth #2043



Pentron® Clinical Technologies has introduced a new endodontic filling system called the Epiphany Soft Resin Endodontic Obturation System. The system is comprised of soft resin cones and pellets made from polymers of polyester that look and handle like gutta percha. The system also contains a dual cure resin sealer dispensed from an automix syringe and a self etching primer to condition the dentin.

Pentron Clinical Technologies
Booth 2281



Coltene/Whaledent Inc.'s ParaPost® Fiber Lux Translucent Esthetic Post System gives clinicians greater control over cement set time, and the convenience of being able to use self, dual, or light cured materials. Made of translucent fiber resin material, the ParaPost Fiber Lux reflects the natural hues of the tooth, and eliminates shadows through composite restorations and at the gingival/crown interface. The post's double-undercut, rounded head design reduces stress points and locks-in composite core materials. The high percentage of uni-directional fibers gives the ParaPost Fiber Lux excellent strength characteristics.

Coltene/Whaledent Inc.
Booth #1663



We're adding more locations close to home and close to where your travel takes you, making it even easier to enjoy ADA-Hertz Member Savings. And if you're in the neighborhood of a Hertz Local Edition® location, we can even come and get you. Need a minivan to drive the kids back to school? A convertible for your weekend getaway? With Hertz Local Edition, the extra car you need is waiting for you when you need it. For discounts on local rentals and around the world, be sure to include your Member Savings program CDP# 42371 in your reservation.

The Hertz Corporation
Booth #2746



Kerr Corporation announces Maxcem, a new dual-cure, paste to paste resin cement that is truly a one-step self-etch, self-adhering resin cement, packaged in a dual syringe with automix tip. Maxcem's proprietary initiator system offers an efficient dark cure mechanism, superior adhesion and a level of color stability not currently found in today's resin cements. This material bonds to all dental substrates including dentin, enamel, metal alloys, porcelain and advanced ceramic systems. Indications include crowns, bridges, inlays, onlays and posts (not recommended for veneers).

Kerr Corporation
Booth #201



DAL now offers you and your patients a conservative, affordable choice for single tooth replacement. The DAL Monodont Bridge. Using a patented stainless steel framework and an acrylic pontic, the DAL Monodont Bridge is bonded into undercut rest preps on the adjacent teeth. An ideal alternative to a conventional flipper, nesbit, or 3-unit bridge, this unique bridge is a quick two-appointment procedure. At the first appointment, simply take an impression and a denture tooth shade. We'll return the Monodont Bridge with a Prep Guide and Pontic Positioning Stent to be used during the seating procedure.

Dental Arts Laboratories
Booth #1977



Aegis, Crown & Bridge Resin Cement is a syringe dispensed, two-paste, dual-curing modified resin polymer material with an Amorphous Calcium Phosphate filler. It is the first crown & bridge resin cement containing Amorphous Calcium Phosphate (ACP). In the oral environment, ACP slowly releases calcium and phosphate ions, the basic building blocks of teeth. ACP has demonstrated the ability to reduce micro-leakage related decay through its ability to accelerate the tooth's own remineralization process. Aegis, Crown & Bridge is ideal for use as a permanent luting cement for crown & bridge, inlay and veneer cementation applications.

Harry J. Bosworth Co.
Booth #1843



OCA OutSource is a single-source provider of business services. Among the numerous comprehensive business services included in the OutSource package is Penny Lane, an online purchasing program, exclusive to OCA. With Penny Lane, dental practices receive exceptional discounts on everything from dental supplies to office fixtures without having to place bulk orders. Penny Lane provides over 37,000 products through 271 vendors. Some vendors offer free shipping, and doctors earn air miles when ordering from the preferred vendor list. Additional services included with OCA OutSource are Accounting, Patient Billing, Practice Enhancement, Consumer Marketing, Computer Software, Technical Support, Human Resources and more.

OCA OutSource
Booth #1689



Coltene/Whaledent is pleased to introduce Cool Temp Natural, an automix temporary crown & bridge material with fluorescent properties and truer, esthetic Vita shades. The convenient automix system eliminates mess while providing a consistent, homogeneous mix. Cool Temp Natural's initial phase set time is 46% faster than the leading temporary materials with a final cure time in only 4 minutes. The low curing temperature won't irritate the pulp and offers minimal shrinkage resulting in less distortion and desirable contacts. Corrections are easily made with Synergy Flow composite.

Coltene/Whaledent Inc.
Booth #1663



Announcing beautiful all-Ceramics that prep, cement, fit and cost the same as PFMs! Talk about good news! Wol-Ceram allows you to prepare any margin type including feather-edge. The outstanding fit and strength of Wol-Ceram are the result of an electronically deposited alumina oxide ceramic coping or bridge framework. The coping is shaded in 1 of 5 dentin colors during a glass infiltration process then ceramic is applied. This is the key to Wol-Ceram's beautifully natural esthetics. Wol-Ceram is \$99 per unit.

Glidewell Laboratories
Booth #1641 & 1741



The "ORIGINAL" Temporary Crown Matrix Buttons – Now Improved! The new thinner and larger diameter white Matrix Buttons allow for faster softening of the material and easier adaptation to the tooth. The fastest, easiest way to create custom temporary impressions. Soften in hot water. Adapt around tooth or teeth to be prepped. Cool with air and a perfect hard, yet flexible, impression results. No taste, no gag and no trays or bowls to clean.

Advantage Dental Products Inc.
Booth #1882



ViziLite is a FDA cleared medical device for use in the identification of oral abnormalities that could lead to cancer. In conjunction with a conventional head and neck examination, a ViziLite exam provides you and your patients with the highest level of confidence. Make ViziLite a part of your practice's oral screening routine.

Zila Pharmaceuticals, Inc.
Booth #763



DENTSPLY Caulk is introducing NEW TPH3 Micro Matrix Restorative. Now TPH composite a market leader with 11 years of clinical success has been enhanced with nanofiller technology to provide the same creamy handling with less tackiness, long working time and surprising sculptability. The proprietary blend of nanofillers and the clinically proven resin matrix allow it to absorb colors from surrounding tooth structure producing restorations that defy detection. Color reproduction capabilities and enamel like luster provide the ability to create lifelike restorations by using just a single shade.

Dentsply Caulk
Booth #1633 & 1733 & 1641 & 1741



DEXIS® an industry leader in digital radiography, announces the release of the first high-speed intra-oral camera, the DEXcam™ USB-2. DEXcam's auto-focus feature and self-contained electronics mean unparalleled flexibility, coupled with instantaneous still and video intraoral images. Weighing only 1.8 ounces, the unit plugs into standard USB-2 computer ports, and is compatible with Windows® 2000 and XP operating systems.

Dexis Digital X-ray
Booth #1323

AADA president set to tackle challenges

BY STACIE CROZIER

Orlando, Fla.—Jan Hagedorn already knows what's great about the Alliance of the American Dental Association and the incredible work it accomplishes in dental health education, legislation and supporting the goals and work of the ADA.

"And so do the rest of our members," she says. "But it's time for the Alliance to look beyond reviewing and fine tuning all of its projects, to look outward and see what more we can do. I want to encourage AADA to become a bigger, better, bolder organization."

Mrs. Hagedorn will be installed Oct. 2 as AADA president at its meeting here. She hopes to guide the national organization toward increasing its partnership role with the ADA, involving more male spouses and getting AADA leaders from component, constituent and national levels to reach out and expand their organizations' roles.

"We have the leadership that is capable of increasing our membership numbers, investigating the needs and priorities of male spouses and taking on more projects in partnership with the ADA," says Mrs. Hagedorn. "We're here to help and we can make a difference."

One of her goals is to appoint a task force of male spouse members to serve as a "think tank," perhaps at the Alliance's annual leadership conference, focusing on how men can and want to be involved. "What would make a male spouse want to be involved?" she asks. "That's something we need to explore in more depth."

"When I joined," she explains, "it was at a time when joining was something every spouse did without even thinking about it. It was expected. I was busy running a home, teaching, having children while my husband went to dental school and established his practice. But I went to the monthly meetings—it was my one night out. I liked making friends with people who understood my life and the friendships and camaraderie are important. But I also liked being asked to help in whatever way I could. I liked knowing that when I put a little work into making one coloring sheet for a school program, or developing a dental health education program that ended up being used in schools nationwide for years, or putting together the Indiana Alliance newsletter or Key, the AADA newsletter, I was making a difference in my community, in my state, nationwide."

Wife of Dr. Lloyd J. Hagedorn, a periodontist in Fort Wayne, Ind., Dr. and Mrs. Hagedorn have three daughters, a son and 15 grandchildren.

Mrs. Hagedorn says her component was the first to have a legislative study club—a club that was started because a member had an interest in lawmaking and shared it with the others.

"She taught us how a bill becomes a law, and we were so impressed we invited the local medical alliance to participate as well as local dentists. From there it just blossomed. This shows what one person's involvement can lead to."

Next year is AADA's 50th anniversary, Mrs. Hagedorn notes, and the organization is at a turning point. It has a diverse membership that spans gender, age, professions and interests. It draws from a demographic base that has changed dramatically over the years from its roots as primarily a women's group. "This organization has come a long way," she says. "We've had excellent leaders. Now it's time to build the future on the foundation of the past and the efforts that made us what we are today."

Mrs. Hagedorn says she never expected to be AADA president when she attended her first meeting. "If I can do it, anyone can do it. I am who I am today because of my involvement with the Alliance. I took little steps toward leadership. It wasn't something I aspired to, but each step you

take builds up to the next."

She calls on every member to take on one important job: "By encouraging every member to invite one more spouse to join, you can see what a difference a small contribution by an individual can make, and we'd double our membership."

In a time when careers, family issues and volunteer opportunities compete for potential members' time and energy, she notes, AADA needs to introduce dentists—and spouses—to today's Alliance and the many contributions it



Mrs. Hagedorn: "What would make a male spouse want to be involved? That's something we need to explore in more depth."

makes to the profession.

"Some spouses work in the family dental office, some are members of other professions, and like most Americans today, they are busy with work and family and other commitments," she says. "Every dental spouse can be involved at some level, from lending a hand with a dental health education project, to making some phone calls in a legislative effort, to taking on an Alliance leadership role, or simply by paying a modest dues payment each year to help support and expand the work we do nationwide."

"The Alliance reaches millions of citizens each year with dental health education messages and screening," she adds, "especially children; we work actively to enhance quality of life for communities nationwide by advocating dental-related legislation; and we support our fellow dental families by working with the ADA to make oral health more visible to everyone." ■

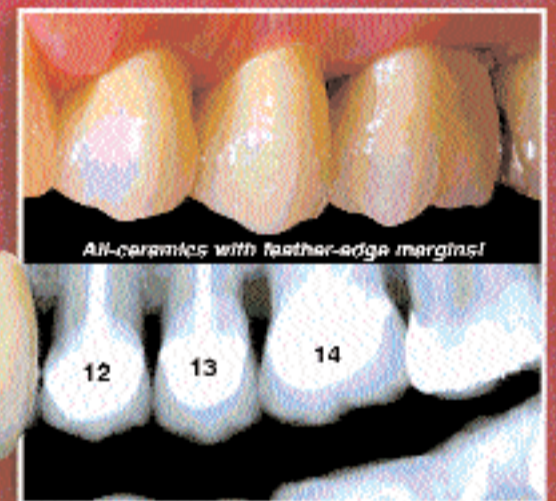
Our #1 prescribed all-ceramic... shouldn't it be yours, too?



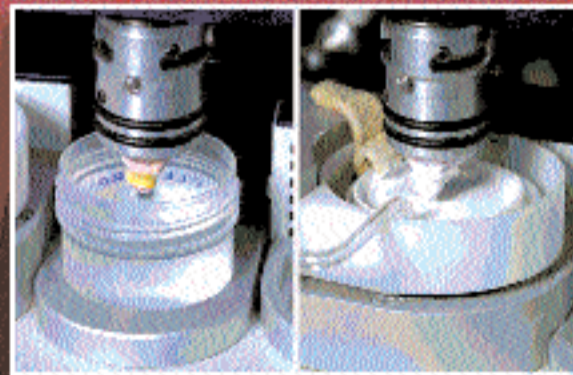
\$99
per unit

WOL-CERAM[®]

ALL-CERAMIC CROWNS & BRIDGES



An intra-oral photo and digital X-ray of cemented Wol-Ceram crowns on teeth #12-14. Note the excellent marginal fit, typical of Wol-Ceram restorations. Clinical dentistry by Dr. Michael DiTella/Ceramic artistry by Glidewell Laboratories.



The outstanding fit and strength of these restorations are the result of an electronically deposited alumina oxide coping or bridge framework. This precise electro-deposition, made on the master die, results in marginal integrity that matches our best PFMs.

- Wol-Ceram is the first all-ceramic crown that allows you to prepare a conservative feather-edge or chamfer margin.
- Wol-Ceram copings are made from Vita[®] In-Ceram[®] alumina material, which has been proven in clinical tests for over 12 years with millions placed worldwide.
- Wol-Ceram's beautiful natural esthetics result from a dentin colored coping that prevents an opaque show-through.

† Data on file at Vident, Inc., Brox, CA.

Wol and In-Ceram are registered trademarks of Vita Zahnfabrik H. R. Master Ceram & Co., KG, 830 Schwabing, Germany. Wol-Ceram is a registered trademark of Wol Dental-Technik GmbH, Ludwigsfelde, Germany.

GLIDEWELL LABORATORIES

Serving Dentists Since 1970

Call for your FREE
Wol-Ceram Clinical DVD Program

800.887.3559

www.glidewell-lab.com

Hurricanes hit Florida dentists

Colleagues offer support, assistance in recovery from devastation

Editor's note: As publication deadline approached, the third hurricane, Ivan, was nearing Florida's Panhandle. This story was written just as Frances was hitting the storm-beleaguered state. Updates on the aftermath of these hurricanes will appear in the ADA News and online on ADA News Today on ADA.org.

BY CRAIG PALMER

Wauchula, Fla.—Just a few weeks ago, Dr. J. Andrew Giroux's family was praying Hurricane Frances didn't ruin their second chance.

As Frances cast an eye on the eastern seaboard, Florida dentists prepared for another late-summer storm of hurricane force after Charley, a destructive Category 4 hurricane with 145 mph winds, pounded the east coast Aug. 13-15, claiming 27 lives in Florida, four in Cuba and one in Jamaica. An insurance industry newsletter calls it the second most costly in U.S. history surpassed only by Andrew in 1992 with \$15.5 billion in insured losses.

Dentists in Florida's hard-hit communities, Port Charlotte and Punta Gorda chief among them, talk of an amazing outpouring of collegial, community and professional support in the wake of the storm.

"The concern and compassion of the dental community and the community as a whole has been outstanding," said Dr. Giroux, whose inland Wauchula dental office was destroyed. "Yes, the practice is gone, because I don't know if I'm ever going to rebuild. Right now, I'm trying to find a job as an associate." That, and nervously awaiting the predicted landfall of Hurricane Frances. "Just keep us in your prayers that Frances does not take away our possible office for him to become a partner in Winter Haven," said his wife, Michelle, offering photos of the damage.

The Florida Dental Health Foundation Inc., issued a notice on hurricane disaster relief for dentists, posted at "www.floridadental.org/foundation/disaster.html" with links to information on ADA Foundation disaster assistance programs. Dr. Jay Walton, chair of the FDHF disaster and relief fund committee, encouraged individuals and businesses in the dental community wanting to help dentists affected by the successive hurricanes to contact the FDHF office at 1-800-877-9922 and ask for or dial extensions 119 or 166.

Dr. Giroux and other doctors report an amazing outpouring of support from local dental colleagues, out-of-state dentists, suppliers and neighbors as they progress through what many describe as weeks of community and professional survival toward recovery from Charley's devastation.

"I would love to keep practicing dentistry," said Dr. Ralph J. Brandon, 50 years and three



Destroyed: Dr. Giroux's Wauchula, Fla., dental office was in the path of Hurricane Charley.

ADAF disaster assistance programs

The ADA Foundation offers:

- grants up to \$2,500 to dental professionals affected by disasters to assist with personal immediate needs;
 - grants to organizations that can provide dental services to affected areas, no amount specified;
 - loans up to \$25,000 to victims of a disaster for office repair.
- Information and rules for each form of assistance are available on ADA.org. ■

days in practice when Charley trashed his Punta Gorda office building and looters filched medications from the office supply. "But I'm not sure I can. If I have to start over and re-equip, I'm not sure I can at my age." Dr. Brandon is 76. Does he need assistance? "Not that I know of," he replied, ticking off the names of colleagues whose practices were damaged. "I'm not the only one who was wiped out."

Dr. William Truax, Fort Myers, escaped the worst of the storm. "It looks like the vandalism and the looting got me worse than the hurricane did," he said, reporting \$10,000-\$15,000 in damages to equipment, furnishings and supplies from a post-Charley trashing of his dental facility by a human intruder.

Basic support systems, communications, water

and electricity were disrupted and remained so for weeks in some communities, effectively shuttering even practices escaping physical damage. But dentists quickly partnered their way to professional communication and patient care.

Among early communicators establishing contact with dentists in the hardest hit communities, and offering assistance with notes on office doors, chain saws, supplies and portable offices, were Drs. Mike Evans, president of Florida's West Coast District Dental Association, and Dennis Munholland of Port Charlotte, "one of the fortunate ones; that's why I tried to help others"; Dr.

Bobby McBride of Hilton Head, S.C., who sent to Port Charlotte a mobile dental van serviced by Atlanta Dental Supply Co., and Dick McBride (no relation to Dr. McBride) of Sullivan-Schein's Tampa office, who assembled emergency supplies and showed up with a work crew.

The West Coast component association compiled a spread sheet of dentists practicing in a four-county area and began filling in the blanks, "damage to home," "damage to office," "needs."

When the ADA News caught up by phone Aug. 30 with Dr. Judy Marshall, partner in practice with her husband, Philip, she was treating patients again, borrowing a chair in another practice to treat a child, tracking patients evacuated from a retirement home and triaging with a local oral surgeon's office.

"One of the hardest things was a lack of communication in the beginning. You're isolated physically, downed power lines and trees, roads not passable. It's wonderful to be treating patients and we are caregivers and it's awfully hard for a caregiver to become a care receiver."

Survival came first, dentists said, recovery the immediate goal and relief a longer-term issue. ■

Florida dental group helps with hurricane preparedness

BY CRAIG PALMER

Punta Gorda, Fla.—Assessment and communications will be first priority, said Dr. Mike Evans, president of Florida's West Coast District Dental Association, preparing for Hurricane Frances.

The professional community began preparing for the latest storm as evacuations of threatened areas were under way again in the storm-battered state. The WCDDA offered affiliate disaster preparedness contact information based in part on experience with the recent Hurricane Charley. (See related report, this page.)

The WCDDA offered before the storm office

preparation tips, after the storm guidance, contact and other information covering the tripartite profession at the local, state and ADA levels.

After the storm, volunteers should have a plan to physically visit each office in emergency areas within the first several days, said Dr. Evans. Travel in twos and assess the status of each practice, keeping in mind most dentists will not be there. Trucks are best, carry spare tires and travel with someone who knows the community if possible as street and other physical markers may be gone, if streets are passable, he added. ■



Dentistry responds: Drs. Al Bauknecht, FDHF vice president, left, and Lewis C. Walker, FDHF president, center, inspect the mobile dental clinic with driver Ray Darragh Aug. 24 in Jacksonville to assess supply needs before the van departed for the disaster areas.

Meet The DEXIS Clinical Advisory Board.



We are proud to welcome the DEXIS Clinical Advisory Board. All six members are well known professional educators with many years of experience in their chosen specialty. Each has lectured around the world and has authored many articles and papers. They are also regarded as successful business leaders.

Working with the DEXIS team, they will be advising on different ways to educate the dental profession on the merits of digital radiography, assisting in the development of new product ideas, as well as monitoring the company's overall product and service quality. We welcome their constructive input and ideas.



Lorin F. Berland, DDS, FAACD
Dr. Lorin Berland is an internationally acclaimed cosmetic dentist and one of the most published authorities in the professional dental media. He is the originator of the Dallas Dental Spa and creator of the "Lorin Library Smile Style Guide."



Sally McKenzie, CMC
Sally McKenzie is the founder and President of McKenzie Management. As a recognized speaker, contributing writer/editor, and Certified Management Consultant, Sally's focus is to improve practice performance through new techniques and methods.



Woody Oakes, DDS
A legend in dentistry, the career of Dr. "Woody" Oakes spans four decades. He is a leading author, editor, and speaker. He is especially known as the founder of "The Profitable Dentist" and of Oral-Vision, the pioneer in intra-oral cameras.



Arthur "Kit" Weathers, DDS
For more than 30 years, Dr. Weathers has lectured on products and technologies that simplify the general dentist's practice of endodontics. He is the founder of the Practical Endodontics "Root Camp" and the developer of the EndoMagic!™ file system.



William G. Dickerson, DDS, FAACD, LVIM

Dr. William Dickerson is the Founder and CEO of the Las Vegas Institute and the recognized leader in aesthetic and restorative dentistry. His books and teachings have changed the lives of thousands of dentists worldwide.



Robert C. Fazio, DMD

Dr. Fazio, a graduate of Harvard School of Dental Medicine, maintains a private practice limited to oral medicine and periodontology. He is an Associate Clinical Professor of Surgery at Yale University and co-author of several major textbooks.

Learn more about DEXIS by attending the courses and lectures of our advisors or contact us to schedule a presentation.

DEXIS[®]
Digital Diagnostic Imaging

1-888-88-DEXIS • www.DEXray.com

New!

DENTSPLY
CAULK

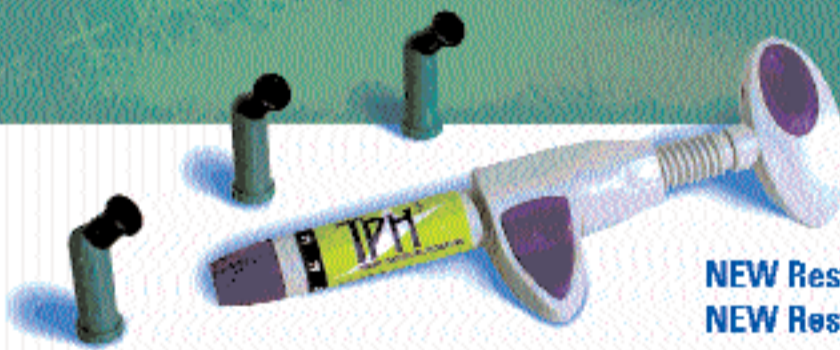
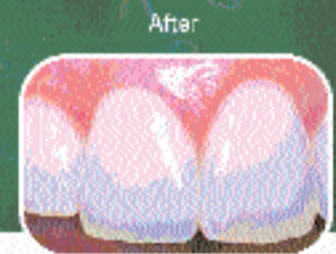
Creamy

Remarkable

Exceptional

Handling + Beauty + Simplicity

TPH³



TPH³
MICRO MATRIX RESTORATIVE

**The Common
Denominator**

**NEW Restorative Technology for
NEW Restorative Potential**

By employing DENTSPLY Caulk's exclusive Micro Matrix application of nanotechnology, we've created a new breed of universal composite. Introducing TPH³ restorative – a breakthrough in handling, beauty and simplicity.

Try TPH³ restorative yourself and see. Call 1 800 LD CAULK x794 to learn more from one of our dental product specialists and to get your free TPH³ restorative sample package.

Handling

- The same creamy handling and easy control synonymous with TPH restorative, now with even less tackiness, surprising sculpability, and long working time

Esthetics

- Proprietary synergistic fillers and our patented, clinically proven resin matrix reflect and absorb color from surrounding tooth structure for restorations that defy detection
- Nanotechnology provides enamel like luster, opalescence and reflectivity

Simplicity

- A simple and manageable restorative that will create lifelike restorations with as little as a single shade

© 2004 DENTSPLY International. All Rights Reserved.

Courtesy courtesy of Frank J. Miller, DDS.