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ADA NEWS®

MARCH 7, 2005 VOLUME 36 NO. 5

Dental spending will top $84 bil. in 2005

BY CRAIG PALMER

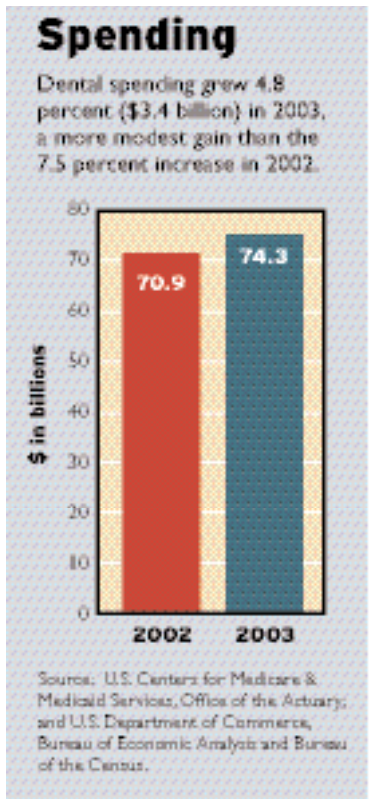
Washington—Dental spending will exceed $84 billion this year, according to the government's latest national health spending estimates.

Growth of the dental economy will continue apace with overall health spending throughout the next decade, although at more modest rates of increase, said the report on U.S. Health Spending Projections for 2004-2014 from actuaries and economists with the Centers for Medicare and Medicaid Services.

The full report in a Web exclusive edition of the journal Health Affairs was released at a news conference ("http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w5.74").

The report also examines spending trends for prescription drugs, hospitals, physicians and long-term care and for Medicare, Medicaid, private insurance and consumer out-of-pocket expenditures. National health spending growth

See SPENDING, page eight



Study backs amalgam

Top scientists find no link to neurological functions

BY MARK BERTHOLD

Bethesda, Md.—A new study, conducted by leading scientists from highly regarded research and academic institutions, finds no link between amalgam exposure and neurological function.

"Our findings do not support the hypothesis that exposure to amalgam produces adverse, clinically evident neurological effects," concludes a research team led by Albert Kingman, Ph.D., Chief, Biostatistics Core, at the National Institute of Dental and Craniofacial Research, part of the federal National Institutes of Health.

These effects tested, as part of the overall neurological evaluation, include abnormal tremors, coordination, station or gait, strength, sensation and muscle stretch reflexes.

■ **ADA continues growth in membership, page 14**

■ **National licensure exam update, page 18**

The study, "Amalgam Exposure and Neurological Function," appears in the March issue of NeuroToxicology. It followed 1,663 subjects of the ongoing Air Force Health Study of Vietnam era veterans.

An oral health examination has been part of the standard AFHS medical examination since 1992 because "peripheral neuropathy" is considered to be an important adverse neurological

See AMALGAM, page 12

Caution

Dental offices believe they were victims of scam artists

BY ARLENE FURLONG

Any dentist who feels he or she has been scammed at some point has lots of company.

But absent fraud or other unlawful conduct by the seller of a product or service, the dentist may have limited legal recourse.

Is it a scam, or just a bad business deal? That's the question.

"I got suckered in," said Dr. Gary Sandler, Hauppage, N.Y.

"What they're doing is anything but ethical," said Dr. Alan Lasser, Livonia, Mich.

"I feel I was trapped," said Dr. Matthew Smith, Commack, N.Y.

"I had to cancel my credit card," said Dr. Brian Coleman, Winter Park, Fla.

The list of laments goes on and on. Among the top 10 alleged scams ADA members are most recently reporting to the Association are:

• Marketing and patient referral services that don't pan out as advertised;

• Web sites listing dentists without the knowledge of the dentist and then billing the dentist for the listing;

• Bills for unordered dental supplies.

And what's the No. 1 reason dentists feel scammed?

A lack of available alternatives when they believe promises made aren't promises kept in the contract.

But a seller may contend it is simply performing as required by the contract, keeping all contractual promises.

Maybe the contract even specifically states that sales pitches aren't part of the deal.

Did the dentist make sure promises in the sales pitch made their way into the contract and became binding on the seller or vendor?

Was it a scam or just a business transaction gone awry?

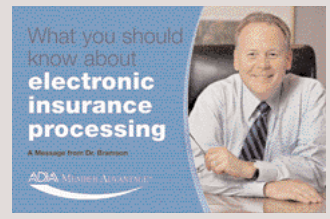
See CAUTION, page 20

BRIEFS

Virtual office: Instant claims processing? Instant patient coverage confirmation?

Might sound like a dream, but that's the ADA's long-term vision.

Keep your eyes open for a mailing later this month that features this message from Dr. James B. Bramson, ADA executive director and secretary of



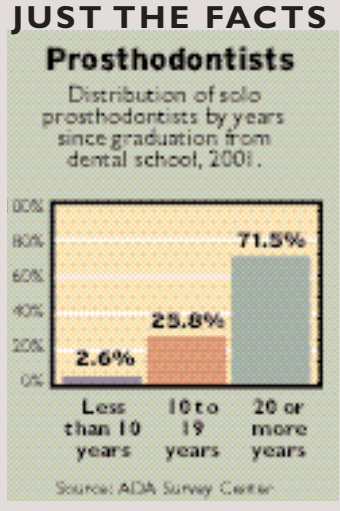
ADA Business Enterprises, Inc.

"Electronic claims processing is well on its way to being the fastest, most cost-effective and best way to manage insurance claims," says Dr. Bramson. In his message about the ADA Member Advantage program, he urges ADA members to begin educating themselves about electronic claims processing.

Need resources to get started? Dr. Bramson recommends WebMD Dental, endorsed by ADA Member Advantage to help you use this tool.

For more information, call WebMD Dental at 1-888-545-6127, call the ADA toll-free, Ext 4608 or link to WebMD from "www.ADAmemberadvantage.com". ■

JUST THE FACTS



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ADABEI names new chief executive officer

The ADA Business Enterprises, Inc., Board of Directors last month named ADA Chief Financial Officer Bill Zimmermann as ADABEI's new chief executive officer.

"The ADABEI Board is very pleased to welcome Bill Zimmermann as our new CEO," said Donald S. Hunt, chair, ADABEI Board. "His experience will enable us to continue our mission of adding value to the ADA and its members."

Mr. Zimmermann's new role with ADABEI is effective July 1 when current CEO Jim Sweeney fully retires.

"Jim Sweeney has done a wonderful job for ADABEI over the years and we are very appreciative of his service," said ADA Executive Director James Bramson. "I expect Bill Zimmermann to continue our emphasis on member service while building business relationships with our strategic partners and state dental societies. His background in finance and for-profit operations will serve us well."

Mr. Zimmermann

Dr. Bramson added that since Mr. Zimmermann's primary responsibilities are within the ADA, his role will create new opportunities for closer communications with the ADA and help it achieve greater operational efficiency with its for-profit subsidiary.

"I look upon my new role with ADABEI as a great opportunity to build upon ADABEI's past success in creating value for ADA members through the ADA Member Advantage program, as well as creating a trusted source of non-dues revenue for the ADA and participating tripartite societies," said Mr. Zimmermann. "I will be working closely with Jim Sweeney and the ADABEI team to ensure a smooth transition of the CEO role over the next several months."

Mr. Sweeney officially retired from the ADA in 2004 but has remained on ADABEI staff during its leadership transition.

"We wish Jim Sweeney the best in his retirement following his 25-year career with the ADA," added Mr. Hunt. ■

ViewPoint

MyView

Physicians removing teeth?

Jeffrey D. Dow, D.M.D.

The case doesn't appear newsworthy at first glance. The patient presented to an office and the diagnosis was made to extract all her teeth. The doctor removed the first 20 or so with only a couple of root-tip fractures left behind, but then found a few molars too difficult to get out.

The doctor then did what he considered prudent and sent the patient home with instructions to call a dentist and get the remaining teeth out. Was this Mexico, the Congo or some other exotic place? No, it happened in Fairfield, Maine. Physicians removing teeth in Maine, you ask, how can that be?

A couple of years ago the Maine-Dartmouth Family Practice Residency Program in Augusta received a grant for residents to spend some time at the Veterans Affairs Dental Clinic in Togus and some oral surgery offices for training and experience in order to help treat the acute dental pain in patients. If the dentists in Maine saw all the acute-pain patients and treated them, there would be no need for this type of training. I believe both the physicians and dentists have some valid issues.

Our medical colleagues are frustrated about seeing patients with dental needs who they feel are being denied dental treatment by dentists. Not all dentists extract teeth and some of those who do refuse to accept patients who have Medicaid as their insurance. Physicians wonder why dentists don't treat these patients, and yet complain when physicians do. From their perspective, they are just trying to relieve a patient's pain and suffering. I agree with their point that if dentistry will not treat this segment of the population, we should not complain about someone else doing it.

As a dentist, I also have concerns about the standard of care and other issues. There should be only one standard of care for extractions—and that applies to a general dentist, an oral surgeon and a physician. Family physicians who practice obstetrics realize they are expected to provide care at the same level as a specialist. There cannot be a lower standard of care for a physician extracting teeth than for a dentist. Diagnostic X-rays must be taken. The provider must inform the patients about alternative treatment options and determine if extraction is the best treatment.

There must be parameters defining situations where physicians would be performing extractions—such as to relieve acute pain or suffering when a dentist is not available—but a physician must not extract teeth for the convenience of a patient. Physicians need to have an existing relationship with a dentist for consultation and treatment of unexpected complications. These issues are currently being addressed with discussions occurring between the principals of the residency program and the VA. Hopefully some of our oral surgeons who have both an

See MY VIEW, page five

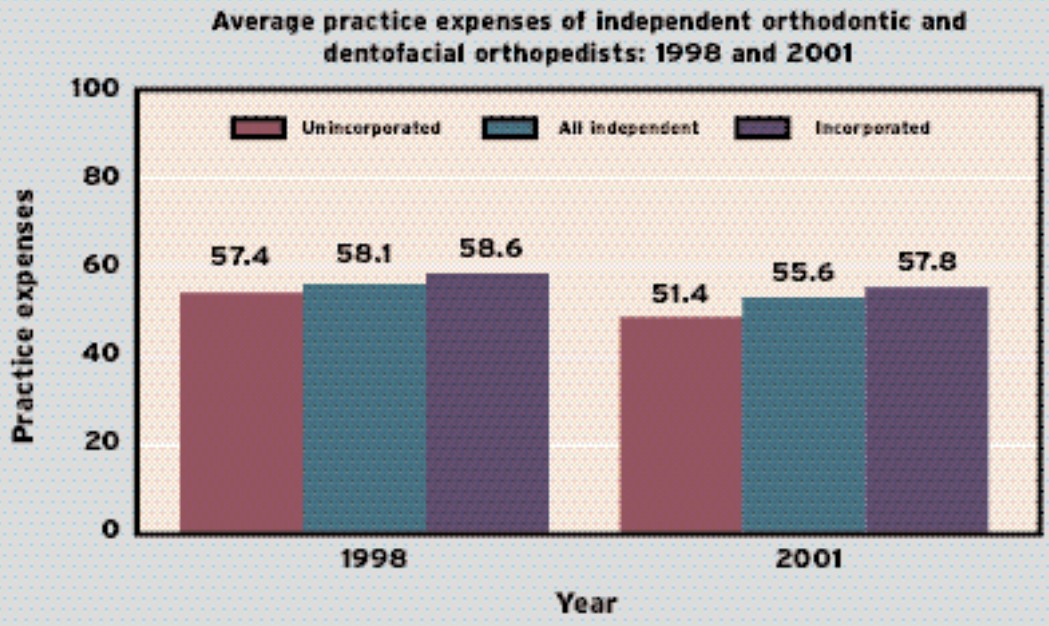
LettersPolicy

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

SNAPSHOTS OF AMERICAN DENTISTRY

Practice expenses

Average practice expenses as a percentage of gross billings from the primary private practice of unincorporated orthodontic and dentofacial orthopedists decreased from 57.4 percent in 1998 to 51.4 percent in 2001.



Source: American Dental Association, Survey Center, *Surveys of Dental Practice*.

Letters

Thank you

The Foundation of the Pierre Fauchard Academy Board is most grateful for the article that you provided in the Jan. 17 ADA News regarding the availability of annual scholarships and grants totaling $350,000 ("Scholarships, Grants Now Available From PFA Foundation").

Over the last nine years, we have awarded well over $3 million dollars. That you print this request for proposals each year has made a significant difference in the notification to grant-seeking groups. Our service grants are up to $10,000 each and provide the wherewithal for hundreds of volunteers to provide a vast array of philanthropic, direct dental care to those who are needy throughout the world.

These quiet volunteers are just marvelous and cannot be thanked enough. Also, as was pointed out in the article, we provide a $1,500 scholarship to a faculty selected junior dental student in each U.S. dental school and in 28 non-U.S. schools. The Pierre Fauchard Academy, a service organization since 1936, has sections in 65 countries and in each state in the United States. Thousands of needy people have been served by the volunteers that these funds support.

Donations to our foundation are welcome as they will be put to critical use. We and the untold thousands of underserved patients thank you.

Carl G. Lundgren, D.D.S., President
Foundation of the
Pierre Fauchard Academy
Rolling Hills Estates, Calif.

Editor's note: Please send all Pierre Fauchard Academy grant inquiries to

Dr. Fred Halik, PFA executive director, by e-mail to "fpfa@rochester.rr.com" or fax to 1-585-387-9519.

Alaska

I was glad to see the article "Needed: Dentists in Rural Alaska," which appeared in the Feb. 7 ADA News.

Just in case anyone missed it: the U.S. Public Health Service is paying for these health aides to practice dentistry without a license. The problems of access in rural Alaska are many and complex, so a one-size-fits-all solution is not going to work.

One problem is communication; that is, where is the need, are there facilities, who will pay for it? Many of us here have small airplanes that can be used to access these areas, but the details aren't known.

Community health aides can play a critical role in the oral health of rural Alaskans. Oral hygiene instruction, school-based toothbrush and fluoride programs, and education are all helpful. Shutting down the soda-pop pipeline that floods these villages through educational campaigns would be a tremendous help.

There are ways to service the rural populations, but placing someone with a community college level of education in the field to practice dentistry without a license is not one of them. Do we really want to go back to the good old days of barber dentists? Everyone who wants to send their child to one of these "technicians," raise your hand.

That's what I thought. How about you people placing the dental health aide therapists in the field, any takers?

Paul Silveira, D.M.D.
Valdez, Alaska

MyView

Continued from page four

M.D. and a dental degree will offer their services to develop guidelines that can be adopted by both the boards of medicine and dentistry.

The larger issue is how all segments of the population get the care they need or desire. In defense of dentists, we all know that many patients only seek care for acute problems and do not seek, desire or value routine dental care. The answer lies in education and prevention.

Early and frequent education and screening of schoolchildren will help solve this problem for future generations. Most infants see a pediatrician before a dentist and we need to work with them to ensure that dental screenings and perhaps fluoride varnishes, if indicated, are part of a visit to a pediatrician's office. If we expect to be recognized as the experts in our field, we need to actively seek ways to provide care to all patients. This includes those who only seek emergency care, those who cannot afford it and those covered by insurances we don't like. We also need to realize that the dental office may or may not be the best place for patients to access this treatment/education and the current dental workforce needs rethinking.

When I look at all these issues, I see opportunities, not problems. I see the ability to improve people's dental IQ and level of care. I see the opportunity to expand the amount of treatment our profession can deliver and become more effective in how and where we treat patients.

Yes, there are many aspects that need to be addressed to ensure that there are not many different levels of care, and that all people who deliver care are properly trained, supervised and held accountable. I believe we can find answers to these questions.

Dr. Dow is the president of the Maine Dental Association. His comments, reprinted here with permission, originally appeared in the December 2004 issue of the NewsJournal of the Maine Dental Association.

Editor's note: ADA.org has a variety of resources that can help dentists and state dental associations advocate for improved access to dental care:

• "State and Community Models for Improving Access to Dental Care for the Underserved: A White Paper by the American Dental Association (October 2004)"—Over the past few years, dentists, policymakers and other stakeholders have used innovative approaches to improve access to and utilization of dental care for underserved individuals. This 2004 ADA white paper examines five models that can be adopted and modified to meet specific needs in your area. Three take a comprehensive approach to increasing dentist participation in public programs and improving utilization of dental services. Two community models increased access to care by expanding dental delivery.

• "ADA State Innovations Compendium Update" (newly revised)—This is a state-specific compendium report describing innovations to improve Medicaid and how each state's Medicaid rates compare to market-based rates. It details activities states have pursued to improve access to oral health for children enrolled in the Medicaid and SCHIP programs. Go to "www.ada.org/prof/resources/topics/medicaid_reports.asp".

• Policy Briefs—This series highlights state innovations in dental Medicaid programs and helps to describe for legislators the necessity of establishing market-based reimbursement for dental Medicaid. Improved administration, patient compliance and oral health literacy are discussed.

For additional information, contact the ADA Department of State Government Affairs at Ext. 2525.

More access articles can be found at "www.ada.org/prof/resources/topics/access.asp#ada". For more information on access and community outreach, contact the ADA Council on Access, Prevention and Interprofessional Relations at Ext. 2868.

Golden Apple nominees sought

Good deeds, hard work and successful programs will be recognized in the 17th Annual Golden Apple Awards program.

The ADA Golden Apple Awards are a special opportunity for constituent and component societies to gain valuable recognition for their leaders, members and staff. Award categories include:

• Excellence in Dental Health Promotion to the Public;
• Dental Society Web Site Award;
• Legislative Achievement;
• Excellence in Membership Recruitment and Retention Activity;
• Excellence in Member-Related Services/Benefits;
• Outstanding Achievement in the Promotion of Dental Ethics;
• Achievement in Dental School/Student Involvement in Organized Dentistry;
• Excellence in Science Fair Program Support and Promotion;
• Excellence in Dentist Well-Being Activities.

The deadline for the Health Promotion and Web Site categories is May 2. The deadline for all other categories is June 1.

In addition, there is a special category for individual recognition: Outstanding Mentoring of Dental Students and/or Junior Faculty Interested in Academic Careers, also with a June 1 deadline.

Online nomination forms are available on the Dental Society Resources Web site, "www.adadentalsociety.org/members/society/awards/index.asp".

For more information, contact Ron Polaniecki, Dental Society Services, at Ext. 2599 or "polanieckir@ada.org". ■

Government

Medicaid battle simmers in Ohio

Dental association lobbies to keep adult dental benefits

BY MARK BERTHOLD

Columbus, Ohio—Adult dental benefits comprise less than 0.5 percent of the state's entire spending on the Medicaid program.

Yet, the latest budget proposal from Gov. Bob Taft seeks to eliminate these benefits in their entirety—which makes no fiscal sense to the Ohio Dental Association.

Even worse, the ODA contends, such cuts could have "devastating consequences" on the public health, especially if dentists in rural areas are forced to pack up and move to the cities.

Mr. Owsiany

"Medicaid continues to grow at an unsustainable rate," Gov. Taft told members of the Ohio general assembly Feb. 8 in support of his proposed budget. "If left unchecked, Medicaid will increase by 13 and 9 percent in the next two years—from $10.5 billion to $13 billion.

"We will reduce Medicaid growth," he added, "while protecting basic services for children and our most vulnerable citizens."

But across-the-board cuts in adult dental care won't solve the state's Medicaid crisis, say Ohio dentists.

"Eliminating this benefit from the Medicaid program will save the state very little money in the short term, and in fact, may cost the state more in the long term, as Medicaid patients seek solutions to their critical dental problems through emergency room care," says ODA executive director David Owsiany.

Gov. Taft

Hospital emergency rooms, Mr. Owsiany explains, do not provide treatment for dental emergencies. What ERs do provide—examinations, X-rays and prescriptions for antibiotics or pain medication—cost the state in excess of $400 per patient.

And because ERs are ill-equipped to deal with severe dental problems and don't cure the underlying oral condition, patients are likely to return, again and again, to the hospital for the same tooth.

"By contrast," he says, "an extraction of a problem tooth in a dental office costs Medicaid only $52."

Mr. Owsiany also points out that, according to the Ohio Department of Health, oral health is the No. 1 unmet health care need in the state and the Ohio Commission to Reform Medicaid recommends keeping adult dental benefits.

Which is why the ODA is flexing its political muscle to convince legislators to reject Gov. Taft's budget proposal and instead, reinstate the same funding as before to keep the adult dental benefits.

The ODA has created an extensive grassroots campaign among dentists and patients: an ODA-guided letter-writing campaign to members of the general assembly, determined lobbying by the ODA's political action committee and an ODA-organized "Legislative Day" at the state capitol.

Currently, Ohio's dental Medicaid program offers low-income, eligible adults a "limited program" of dental treatment options. Gov. Taft's proposal to eliminate these benefits, if passed, will take effect Jan. 1, 2006. ■

Primary teeth a rich source of stem cells

Scientists tell Congress research may aid oral, systemic health problems

BY CRAIG PALMER

Washington—Scientists are working with tooth-associated stem cells to address oral and systemic health problems, the dental research community told Congress Feb. 17.

Researchers described recent research by dental scientists including the discovery that baby teeth contain a rich supply of stem cells in their dental pulp.

That unexpected discovery, announced in 2003 by the National Institute of Dental and Craniofacial Research, suggests that the cells of the temporary teeth children begin losing around their sixth birthday could be harvested for research.

"Through this research, post-natal stems cells have been isolated from primary ('baby') teeth that can develop into a wider range of cell types than can cells of other post-natal tissues," the American Association for Dental Research said in a research summary distributed at the briefing. "Furthermore, these cells are easily obtained, since every person has his or her own 'stockpile.'

"Here are a few of the exciting discoveries in the world of dental and craniofacial research that may expand research using stem cells while avoiding current political, moral and other objections some have to the use of embryonic stem cells," said the AADR statement.

The American Dental Association and American Dental Education Association cosponsored the Capitol Hill briefing with support provided by an unrestricted grant from Sunstar Butler. Several dozen congressional offices were represented at the briefing.

Researchers also are sowing the scientific seeds of "regenerative dentistry," an attempt to bioengineer teeth and other parts of the mouth damaged by disease. Laboratories have reported early success producing tooth enamel, generating dentin and reconstituting diseased gum tissue, according to research reported in The Lancet and described at the congressional briefing.

The NIDCR, leading source of dental research support through the National Institutes of Health, spent $10.8 million on stem cell research in fiscal year 2004, said Dr. Lawrence Tabak, director of the dental institute. ■

ADA joins Medicare coalition

BY CRAIG PALMER

Washington—The American Dental Association, joining other dental organizations and coalitions of health care providers, is urging President Bush and Congress to preserve the Medicaid health care safety net in the face of mounting budget and reform pressures.

The Association is concerned that proposed Medicaid budget cuts would limit opportunities for positive and necessary program reforms. Cuts in the federal budget could reduce access to dental care as states under continued budgetary pressure impose further limits on oral health benefits. The Association and other dental organizations jointly signed a letter urging Congress to preserve the guarantee of dental coverage for low-income families.

The ADA joined coalitions of organizations representing health professionals and institutions including hospitals and nursing homes in letters telling President Bush that "with many states in fiscal crisis, Medicaid reductions at the federal level would drastically unravel an already frail health care safety net."

The coalitions also seek to preserve the interests of health care practitioners and institutions as Congress considers Medicaid reform and begins discussing the president's budget, which includes proposals to reduce the federal share of Medicaid spending by $60 billion over the next decade. Other interest groups pressing the administration and Congress to preserve the Medicaid safety net include the nation's governors meeting recently in Washington. Congressional budget committees begin hearings the week of March 7.

Medicaid reform and access to oral health care are among the talking points dental leaders will carry to Capitol Hill during the March 7-9 ADA Washington Leadership Conference. The Association recently offered support for bipartisan legislation introduced in the House and Senate to create a commission on Medicaid reform. ■

Spending

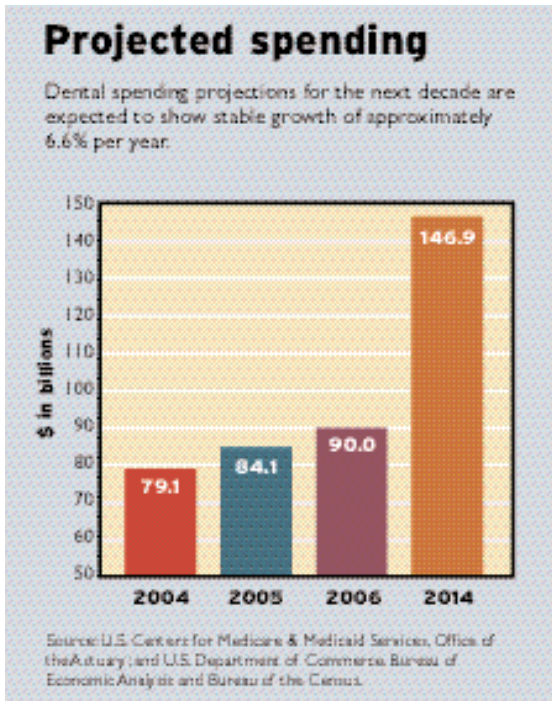
Continued from page one

is anticipated to remain stable at just over 7 percent through 2006 or slightly greater than the projected growth in spending for dental services.

Dental expenditures will increase from $70.9 billion in 2002 to a projected $84.1 billion this year, the report said. Government actuaries predict annual increases of 6.3 to 6.9 percent in dental service expenditures to $146.9 billion in 2014. National health expenditures overall are projected to rise within an annual range of 7.1 to 7.9 percent during the same period, although that rate declines throughout the next decade.

However, health spending continues to outpace general economic growth for each year of the projected period, according to the CMS report. The expected rate of growth in the health care sector of the economy, though slowing, is "unsustainable" in the words of actuaries and economists commenting on the report. "Health is the only growth sector of the U.S. economy with above average price growth along with above average quantity growth," said C. Eugene Steuerle, economist and senior fellow at The Urban Institute.

The report also notes shifts from private to public sector health care spending during the next decade as less of the health care dollar comes from patients paying directly out-of-pocket. ■



ADAF tsunami fund raises nearly $300,000

The generosity and caring of the American dental community will be felt a half a world away as victims of last December's deadly tsunami receive nearly $300,000 in disaster response donations to help them secure food, water, shelter and medicine.

The dental community contributed $179,477 and American Dental Association staff added another $10,000 in donations to the ADA Foundation Tsunami Assistance Campaign. Those donations, combined with another $110,000 in matching funds from the ADA and ADAF, resulted in a total of $299,477, which was forwarded to the American Red Cross International Relief Fund to help victims with immediate needs.

"It is gratifying to see the response from our members and the others in the dental community as they stepped forward in answering our call for assistance," said ADA President Richard Haught. "This is a demonstration of the compassion and humanitarianism of the profession."

The ADA Foundation will soon launch phase two of its fundraising efforts to help victims of the tsunami—the Tsunami Dental Reconstruction Fund. Watch for more information in an upcoming issue of ADA News. ■

Calling all JADA authors

Send manuscripts to Dr. Glick, editor

Newark, N.J.—Dr. Michael Glick, editor of The Journal of the American Dental Association, is now accepting manuscripts at his office in New Jersey.

Since assuming the JADA editorship in January, Dr. Glick has been acquainting himself with The Journal's manuscript-handling systems and setting up an editorial office at his home base at the University of Medicine and Dentistry of New Jersey/New Jersey Dental School in Newark.

In the meantime, prospective JADA authors were instructed to send their materials to ADA Headquarters for processing. Dr. Glick now reports that his editorial office is up and running and ready to accept manuscripts.

Authors with manuscripts for JADA's consideration should send them to: Dr. Michael Glick, JADA Editor, UMDNJ New Jersey Dental School, 110 Bergen Street, Room D-860, Newark, N.J. 07103-2400; e-mail: "jadaoffice@ada.org". ■

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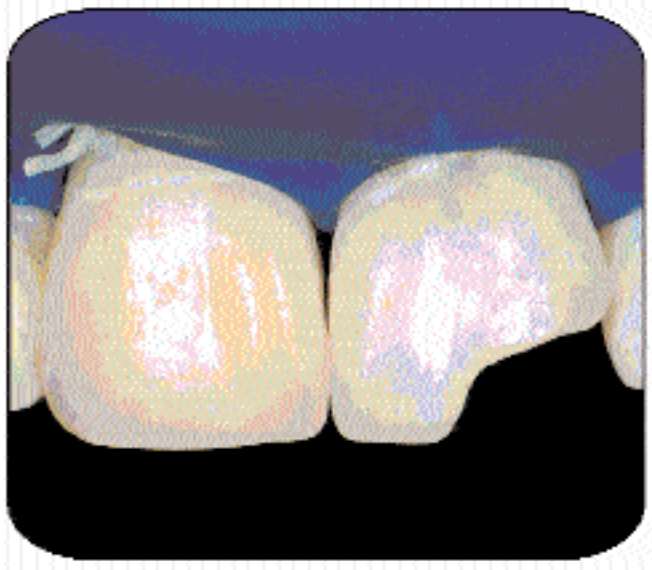

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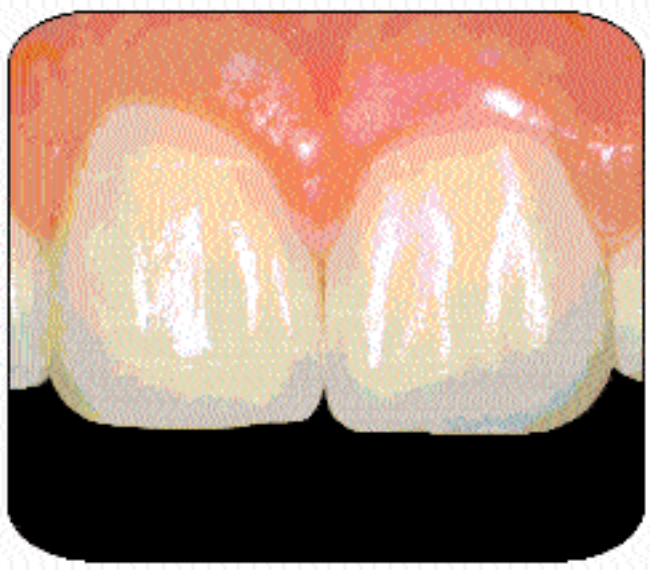

• Dentistry photos courtesy of Dr. Newton Fahl

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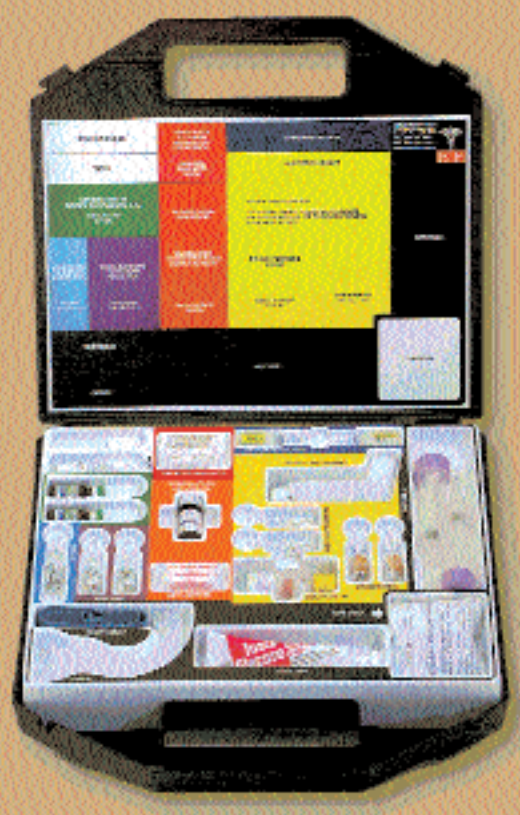

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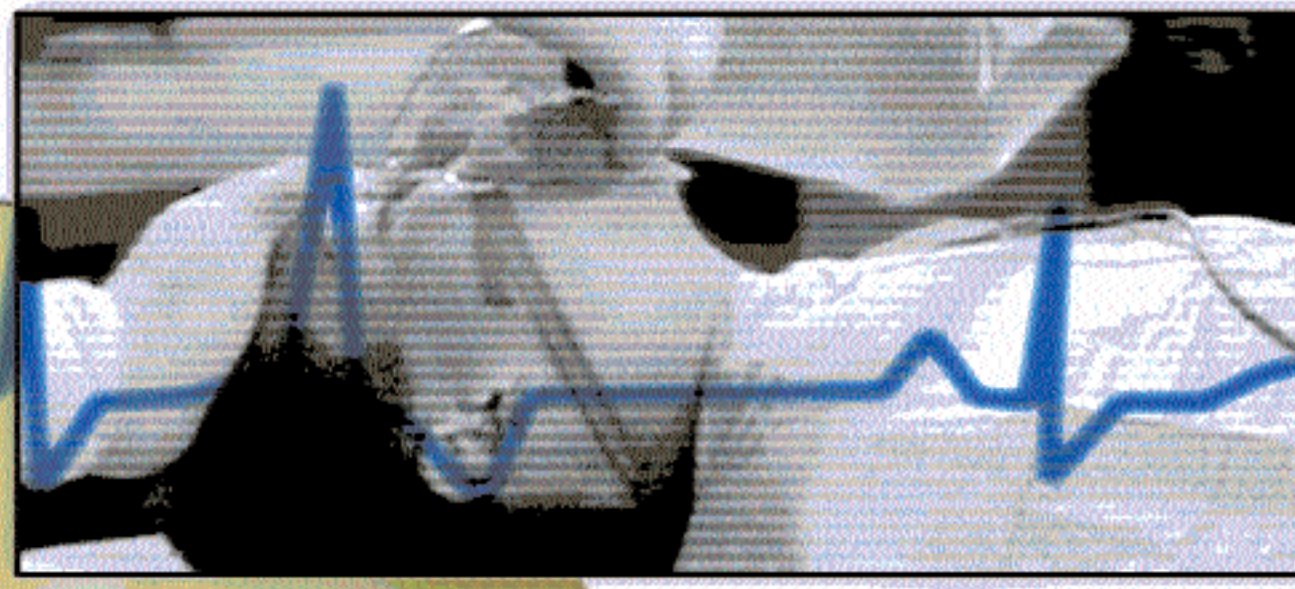

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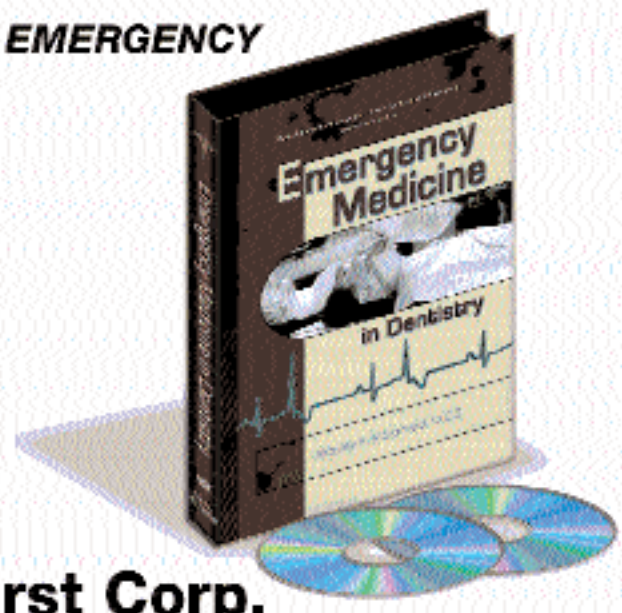

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Montana avoids amalgam separators

BY MARK BERTHOLD

Helena, Mont.—Quick to action and backed by a good track record, organized dentists have successfully staved off the mandatory installation of amalgam separators.

HB 665, intended to regulate the sale and disposal of mercury-added products, was introduced Feb. 11—late in Montana's legislative session.

The bill included dental-specific language that would require all dental offices to install amalgam separators in public health and human services to implement a pollution prevention plan, by July 15, 2006, that involves mercury source reduction.

But immediately after the drafting of HB 665, members and staff of the Montana Dental Association, including two dentists in the Montana house of representatives, promptly met with the bill's sponsor, Rep. Teresa Henry.

At what MDA executive director Mary McCue describes as a congenial, professional meeting with a very reasonable lawmaker, the MDA explained its nearly two-year efforts, statewide, to educate and promote to dentists their voluntary adoption of the ADA's Best Management Practices longer on the table for this legislative session.

The fact of MDA's extensive BMP efforts is a credit to the ADA and its 2003 train-the-trainer workshop, says Ms. McCue. After the MDA sent Dr. Jill Thompson to attend the workshop, Dr. Thompson then toured her home state, giving detailed presentations on BMPs to local dentists.

"Thanks to the assistance of the ADA, we got out ahead of the issue and it certainly helped us," said Ms. McCue.

She also thanks Dr. Don Roberts of Billings and Dr. Bill Jones of Bigfork, two MDA members and Montana lawmakers who helped describe MDA's voluntary recovery efforts to Rep. Henry. ■

Amalgam

Continued from page one

effect of high levels of exposure to elemental mercury.

"Peripheral neuropathy" refers to an abnormality in sensation, such as vibration sensation at the ankle, pinprick sensation at the great toe and/or absence of ankle reflexes.

But as with other neurological effects, the study found no connection of amalgam to any level of peripheral neuropathy.

"We were unable to detect any associations between amalgam exposure and clinical signs of either neuropathy or a diminished sensation of the big toe among adult males—these are standard measures for diagnosing clinical neuropathy," says Dr. Kingman.

"Our study represents another important piece to the research puzzle because of the unique military population tested," Dr. Kingman continues. "Our results should be taken in the context of the larger group of clinical studies that have not found direct evidence linking amalgam exposure to impaired neurological function or peripheral neuropathy."

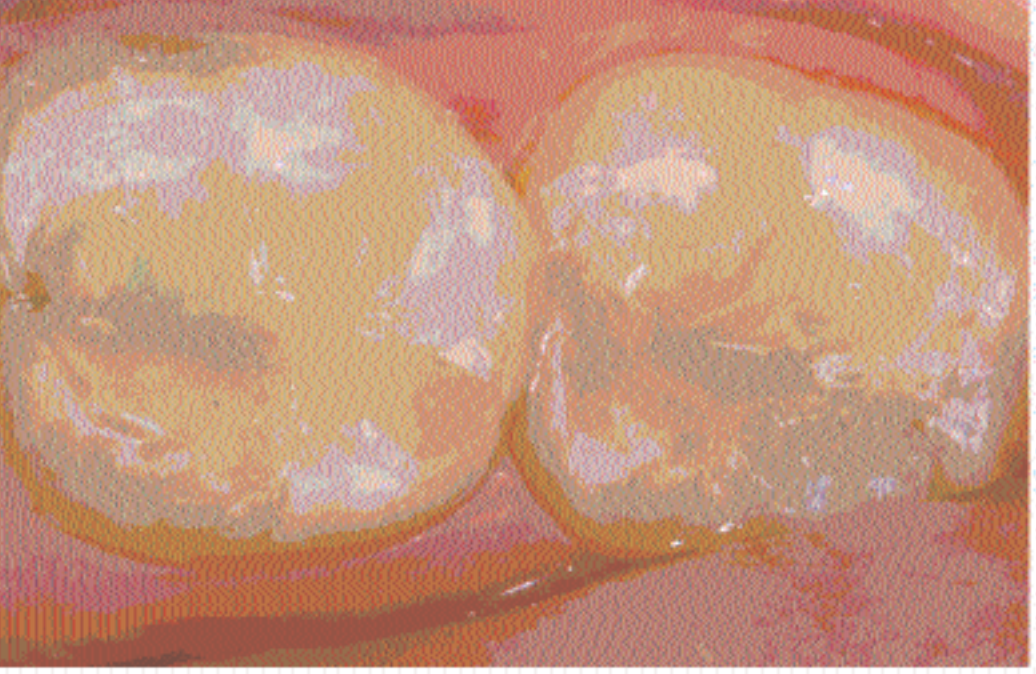
Dr. Kingman

"The bottom line," says co-researcher James W. Albers, M.D., Ph.D., of the University of Michigan Medical School, "is there was no association between abnormal neurological signs and amalgam exposure. So these findings do not support the hypothesis that amalgam exposure produces clinically evident neurological effects."

The NIDCR-led research was conducted because "concerns regarding the safety of silver-mercury amalgam fillings continue to be raised in the absence of any direct evidence of harm," the study reads. "The widespread population exposure to amalgam mandated that a thorough investigation be conducted of its potential effects on the nervous system."

Dr. Daniel M. Meyer, associate executive director, ADA Division of Science, notes, "Amalgam is a safe dental restorative material. This study, like the recently published report by the independent, nonprofit Life Science Research Office, which extensively reviewed the literature and concluded that amalgam is safe to use in people, adds to the definitive scientific evidence attesting to amalgam's demonstrated track record of safety."

The LSRO report's executive summary can be downloaded at no cost by visiting "www.lsro.org", click on "Review of Dental Amalgams." To obtain the full text, call the LSRO bookstore at 1-301-634-7030. ■



Compare the shine after almost 3 minutes of traditional polishing with points, wheels and paste (left) with the shine created by a 60 second application of DuraFinish (right).

Photographs courtesy of
Spencer Platt, DDS
Tarzana, CA

Give your restorations a tough-as-nails glasslike finish in just 60 seconds - without polishing

Once you've completed curing and shaping the restoration, simply brush on a thin coat of DuraFinish™. Smooth it with the supplied brush - then zap it with a halogen light.

That's all it takes to create a dazzling shine ... superior to anything you've ever produced using points, wheels, and diamond paste.

At last, a pretty face that stands up to wear

DuraFinish is unlike any glaze you've ever used before. For one thing, it's actually a super-flowable composite, packed with nanofiller to give it wear-resistance.

Conventional applied glazes are unfilled polymers. That's why they create such a smooth, glossy surface. (Think: floor polish on a linoleum floor.) The initial gloss looks great, but it may be short lived ... particularly if you apply the glaze to an occlusal surface or if the patient is a determined scrubber.

Furthermore, most applied glazes bond poorly to the substrate. With time they can start peeling - staining - and exposing the rough composite surface below.

DuraFinish chemically unites with the underlying resin

DuraFinish is built on Add&Bond's composite-repair technology. It doesn't just "sit" on the restoration surface like floor polish. It penetrates and chemically bonds to the underlying resin. DuraFinish actually unites... becomes "one" ... with the substrate.

Granted, given a long, long time, it may eventually wear off - but it can't be pulled off. In fact, DuraFinish's bond to the composite frequently exceeds the cohesive strength of the composite itself.

DuraFinish's nanofilled polymer (left) resists surface abrasion much better than the traditional applied glaze (right). Half of each sample was subjected to 65,000 cycles of tooth-brush abrasion. Note the cliff (arrow) created where the conventional glaze wore away.

Perfectly clear, so it won't affect the shade

Colorless DuraFinish won't give your restorations a yellowish cast. An A1 before finishing, will still be an A1 after finishing.

Polish any composite, acrylic or bisacryl temporary in seconds

Bisacryl provisional restorations can be a struggle to polish. DuraFinish not only saves you considerable time, but also produces a smoother, more stain-resistant temp ... one that looks just as good when you remove it two weeks later (or a month later, or four months later) as the day you placed it.

And DuraFinish even bonds to old composite, so you can use it to quickly resurface worn restorations.

A survey of the 72 dentists who participated in the pre introduction clinical trial reported that polishing a restoration with DuraFinish typically takes about 60 seconds. Polishing the same restoration using points, wheels and paste takes about 5 minutes.

Try it yourself ... risk-free.

DuraFinish comes with Parkell's one month risk free trial. If you decide it's not what you're looking for, simply call us during the trial period. We'll have it picked up at our expense, we'll give you all you money back (including shipping and taxes, of course), and we'll politely thank you for trying it.

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The perfect finish to a great restoration

Great for fast, durable finishing of provisional restorations. *Shrink-wrapped laminate provisionals on the day of placement - and a month later.*

Photographs courtesy of
Tarun Agarwal, DDS
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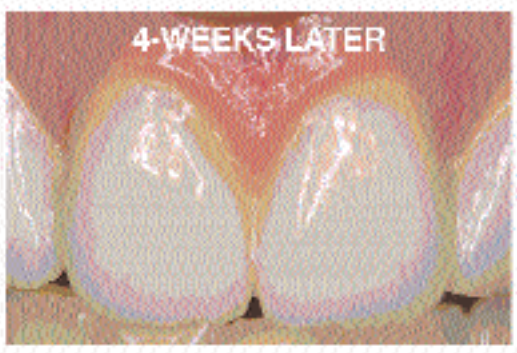

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Membership

Grassroots initiative tallies 8,448 new members since '01

BY KAREN FOX

As 2004 came to a close, the ADA had registered its second largest gain in active licensed dentists in the past 10 years.

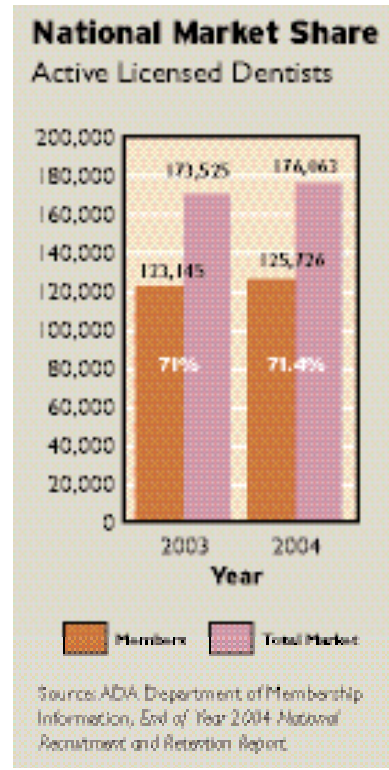
The Association gained 2,581 active licensed dentists last year—up from a total of 123,145 in 2003 to 125,726 in 2004. The gains brought the ADA market share of active licensed dentists to 71.4 percent.

The ADA has now added 8,448 members to its ranks since the Tripartite Grassroots Membership Initiative was launched in 2001 to increase the market share to 75 percent by 2005.

"I'm very encouraged that over the last three years our ADA membership has increased by 8,448 dentists. That tells me that we have been doing a good job with our Membership Initiative," said ADA President Richard Haught. "We remain committed to that goal of 75 percent."

The TGMI continues to re-direct Association resources to areas of need as they are identified, added Dr. Haught. This year, for example, the ADA will step up membership recruitment efforts in a 10-state area surrounding Philadelphia where 25 percent of all nonmembers reside.

"Our challenge is to get them to the annual session in Philadelphia to experience some of the value of ADA membership," said Dr. Haught.



"From the very beginning of the Tripartite Grassroots Membership Initiative, we tried to concentrate on the value that would make membership more important—then deliver on that premise," said ADA Executive Director James Bramson.

That process, Dr. Bramson continued, led to three areas of emphasis: conducting advocacy that members want and need, developing information members can trust and supporting a community members can enjoy.

"If we do those three things well, dentists will find plenty of value in joining the ADA," he said.

Dr. Lidia Epel, chair of the ADA Council on Membership, said the gains show that personalized membership outreach is a business strategy that works.

"The goal of 75 percent is one we're working toward through our grassroots dentists with a number of new and continuing programs," said Dr. Epel. "The investment of today will pay off in the future."

The Tripartite Grassroots Membership Initiative changed the way the ADA does business by engaging teams of grassroots dentists who perform local outreach to nonmember and new member dentists. Increasing efforts to promote the benefits of membership and reaching out to underrepresented groups were also adopted as strategies to build membership across the tripartite.

Gains were recorded across several membership categories in 2004. General practitioners increased by 1,716 members, and the ADA added 1,586 women dentists, 1,497 new dentist members, 329 minority members, 271 foreign-trained members and 62 federal dental service members.

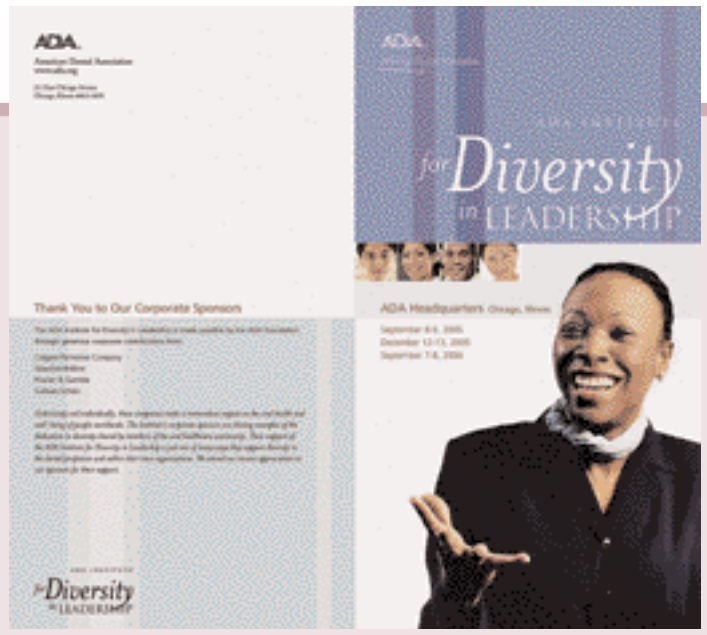
Statistics from the 2004 ADA National Recruitment & Retention Report also show that gains in the active licensed dentist market share grew simultaneously with the size of the market.

"We have more dental students graduating and fewer mature dentists retiring due to the heavy losses some experienced in the stock market, creating a larger market of dentists," said Dr. Epel.

She added that in 2004, the ADA fully implemented several initiatives to personalize membership, which are now bearing fruit.

"We now have four workshops for society staff and volunteers designed to give grassroots teams

See GRASSROOTS, page 15



ADA Institute for Diversity in Leadership seeks applicants

Applications are now being accepted for the 2005 ADA Institute for Diversity in Leadership.

The ADA Institute is a three-part program designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles. Courses take place in Chicago on Sept. 8-9; Dec. 12-13; and Sept. 7-8, 2006.

The registration deadline is May 2. Brochures, applications and evaluation forms are available for download at "www.ada.org/prof/events/featured/diversity.asp" or by contacting the ADA at "starsiaks@ada.org" or Ext. 4699.

The ADA Institute for Diversity in Leadership is made possible by the ADA Foundation through corporate contributions from Colgate-Palmolive Co., GlaxoSmithKline, Procter & Gamble and Sullivan-Schein. ■

Grassroots

Continued from page 14

the tools they need to accomplish their goals," said Dr. Epel.

The workshops are:

• Cultural Proficiency—Covers the changing demographics of the profession and developing an understanding of how cultural proficiency is tied into recruitment efforts.

• Retention—Reaching out to current members to ensure they remain members.

• Student Conversion—Ways to get students involved and facilitate a smooth transition to tripartite membership.

• Leadership—Workshop in basic leadership skills to assist in building membership initiation teams. Includes team-interactive exercises that encourage team building and sharing.

Dr. Epel would like to see more volunteers involved in the initiative as well. Last year, the number of TGMI volunteers grew to over 1,000—a 32 percent increase from 2003.

"More volunteers means more outreach and more creative thinking," said Dr. Epel. "Recruitment of new members is one-to-one and 1,000 volunteers are not nearly as effective as 2,000, or more—particularly when you consider that 27 percent of dentists are still not ADA members."

Dr. Epel

There is "still a lot of work to do," added Dr. Bramson.

"To add 8,448 members since our low in 2000 is especially gratifying," he said.

"But we aren't going to stop there."

Volunteers in the 10-state area within a five-hour drive of Philadelphia will see increased activity this year.

"There are 12,540 nonmembers in those states," said Dr. Epel. "This creates a tremendous opportunity for the ADA to get the message out that organized dentistry is working for all dentists."

Striving to reach the 75 percent membership market share goal leads the agenda of this year's Annual Conference on Membership Recruitment and Retention. The conference takes place April 22-23 at ADA Headquarters with the theme, "Putting the Pieces Together."

Volunteer leaders and dental society staff interested in learning and sharing ideas to enhance membership are encouraged to attend. In addition to analyzing the latest membership research, topics include motivating volunteers and targeting your membership message.

Go to "www.adadentalsociety.org" for more information on the conference, or contact LaSandra Herron at Ext. 7451 or "herronl@ada.org". ■

Access

Uninsured adults get new clinic

'It's given me a purpose in life,' says volunteer

BY STACIE CROZIER

Huntington, W. Va.—The persistence of a retired dentist, the help of a local dental society and the support of a community and the dental industry have led to the opening of a new dental clinic to serve uninsured adults who can't afford care.

The dental clinic at the Ebenezer Medical Outreach opened its doors Jan. 24 after months of planning, renovation and teamwork spearheaded by the clinic's volunteer dental director, Dr. Leo J. Fleckenstein.

"We're up and running," Dr. Fleckenstein reports. "Now that we're scheduling patients, I know that I can count on the members of the Huntington Dental Society to provide volunteer services for our patients."

Dr. Fleckenstein says that some 40 dental society members and 10 dental hygienists have already expressed a wish to volunteer at the dental clinic, making the project a dental society mission.

Launched into an early retirement after contracting transverse myelitis—a neurological disorder caused by inflammation of the spinal cord that can lead to paralysis—Dr. Fleckenstein says it took several years of therapy to allow him to walk again with the aid of a cane and to drive using hand controls.

As a retired and relatively active dentist who showed an interest in the dental clinic project, he says his colleagues and fellow citizens turned to him when they needed someone to oversee the development of the new dental clinic.

Not one to shy away from a challenge, Dr. Fleckenstein jumped into his new "full-time job," not only securing volunteer dentists, but gathering donated equipment with a value of approximately $140,000.

This was acquired from several manufacturers, including A-dec, Patterson Dental, Dentsply, Sci-Can, the Custom Air Division of Dental EZ, Panoramic Corporation, Paul H. Banditt, Whip Mix, Sycom, Nevin Laboratory plus equipment from the Cabell Huntington Hospital, which recently closed the children's dental clinic. Dr. Fleckenstein also encouraged local businesses to get on the bandwagon, and solicited donations of everything from building supplies from 84 Lumber, to landscaping from Lavalette Nursery, cabinets and countertops from Chandlers Cabinets, window from Justice Supply, to mailing envelopes from Paragon Printing.

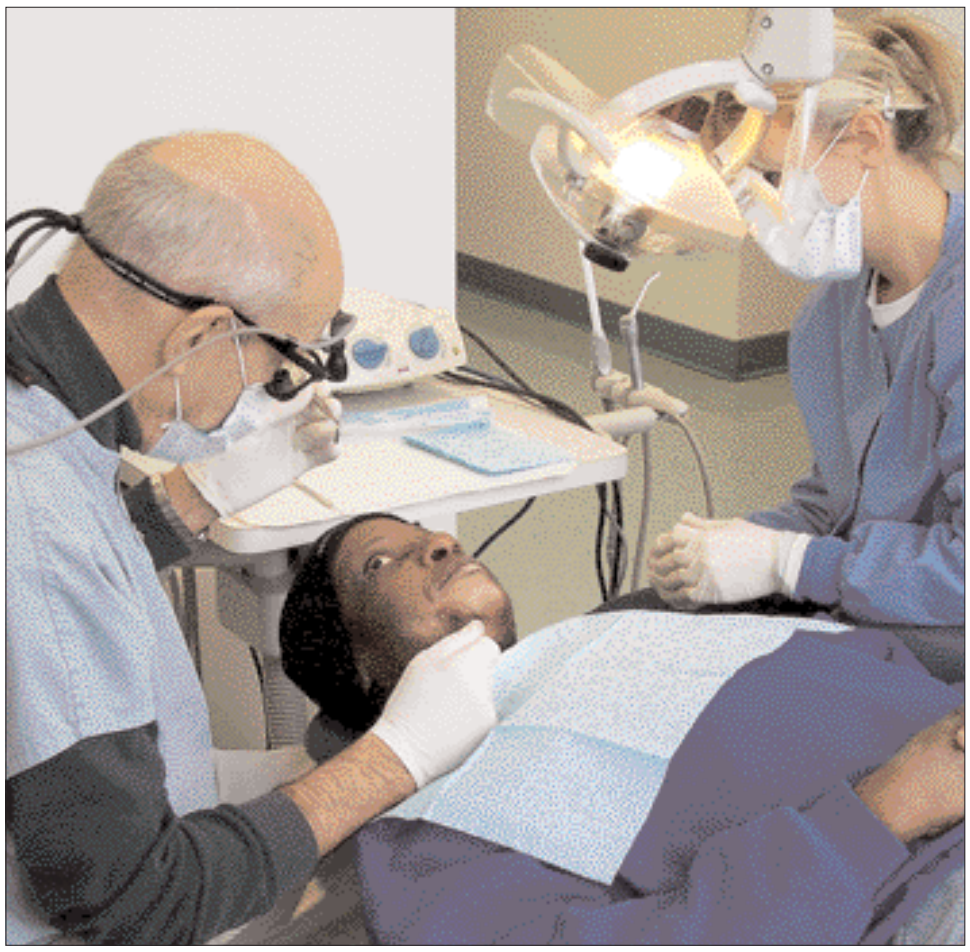
Dr. Fleckenstein also launched a community fundraising campaign, the Phantom Dental Treatment campaign, in which a donor volunteers to pay for the dental procedure of his or her choice. He also collected donations from West Virginia members of the International College of Dentists, the Huntington Dental Society and its members, the Huntington Dental Auxillary, Pilot Club, George Hollenback Study Club members, Cabell Huntington Hospital and St. Mary's Medical Center. Donations were also raised through the West Virginia Neighborhood Investment Program by the efforts of Dr. Greg Crews and Dr. Frederick Sammons.

Dentists' mission: Members of the Huntington Dental Society have embraced the new dental clinic as their mission, including (seated) Drs. David Eller, immediate past president; (standing from left) Jack Bogers, president; Dr. Fleckenstein, volunteer dental director of the clinic; Greg Crews, president-elect; Greg Prater, secretary-treasurer; and Keith Hildebrand, president, West Virginia Dental Association.

"People have been so generous with their donations, so we've had to spend very little money so far. I just hope we can keep going."

"It's really given me a purpose in life," he says. "People have been so generous with their donations, so we've had to spend very little money so far. I just hope we can keep going."

The Ebenezer medical outreach program, a free comprehensive and preventive care facility, was founded in 1986 as a community mission project of the Ebenezer United Methodist Church designed to care for families at or below poverty level. The medical clinic currently serves 2,300 patients in a seven-county area of rural West Virginia, Lawrence County, Ohio, and Boyd County, Kentucky—most of whom were also in dire need of dental care.



First patient: "Oochie" Hubert Ferguson, a maintenance worker for the Ebenezer Medical Outreach clinic, receives treatment from Dr. Fleckenstein and dental assistant Stacy Mincer as the new dental clinic's first patient Jan. 24.

Clinic patients have a high rate of tobacco use, so part of the medical and dental clinics' focus will be on tobacco cessation programs plus screening aids for detection of oral cancer.

"The patients we see are poor folks who need treatment in the worst way," says Dr. Fleckenstein. "We aren't going to see patients who only need a single restoration. Most cases will be quite involved and will require extensive treatment. These are people who are suffering and really need help, but that's why we're here."

Although the dental clinic is fully equipped, it could use donations of a curing light, four-hole ultrasonic scaler, microetcher, laboratory motor and amalgamator, intraoral camera, digital X-ray system and Cerec technology. The clinic is to be a place for the local dentists to treat the underserved and be exposed to various dental materials and state-of-the-art equipment. Most of all it's to be an enjoyable and a rewarding experience for everyone in the community.

For more information contact Dr. Fleckenstein by calling 1-304-522-2445 or e-mail "LBFleck@adelphia.net". ■

Spring date: Ross nominations due May 2

Within the halls of dental medicine roams a researcher whose work has significantly advanced the diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases.

If you know a clinical investigator who fits the profile, submit a nomination to ADA Headquarters for the 2005 Norton M. Ross Award for Excellence in Clinical Research. The deadline is May 2.

The Ross award considers accomplishments in periodontics, oral and maxillofacial surgery, orthodontics, oral pathology and other areas of clinical research.

Last year's recipient, Dr. Deborah Greenspan, has conducted groundbreaking research into the human immunodeficiency virus and the relation between oral health and acquired immune deficiency syndrome. Dr. Greenspan received a plaque and $5,000, presented during an ADA Board of Trustees dinner in Chicago in August 2004.

Selection for the Ross award is based on the scope of research done—with special emphasis on its impact on clinical dentistry—and publications in refereed journals.

Nominations must include a letter describing the dentist's accomplishments in the context of the award objectives and explicitly describe the research's impact on clinical dentistry. Please include a curriculum vitae with list of published articles.

Dr. Greenspan

Nominations are due by May 2 to Marcia Greenberg, American Dental Association, 211 E. Chicago Ave., Chicago, 60611. For more information, call Ext. 2535 or e-mail"greenbergm@ada.org".

The Ross award is sponsored by the American Dental Association through the ADA Foundation, with support of Pfizer Consumer Healthcare. It is given in memory of Dr. Norton M. Ross, a dentist and pharmacologist who contributed significantly to oral medicine and dental clinical research. ■

CORRECTION

Four graduates have returned to Alaska after completing a program for dental health aide therapists at the University of Otago in New Zealand.

A story in the Feb. 7 ADA News about an ADA program aiming to bring more dentists to rural Alaska incorrectly identified the university. ■

Volunteers honored

In February, the ADA Committee on International Programs and Development awarded the Certificate of Recognition for Volunteer Service in a Foreign Country to dentists and dental students who spent at least 14 days performing dental services in a foreign country. Recipients were nominated by their state or local dental society, federal dental service or dental school. A total of 77 volunteers from 25 states were honored, including 12 participants in the Dentistry Overseas/Health Volunteers Overseas program, which is sponsored by the ADA. ("S" denotes students.)

The committee is accepting nominations for its 2006 awards. State and local dental societies, the federal dental service and dental schools can nominate any dentist or student who has spent at least 14 days in a 24-month period performing dental services in a foreign country. The deadline for submission is March 1, 2006.

For more information, call the ADA Center for International Development and Affairs toll free, Ext. 2726 or log on to "www.ada.org/ada/international/volunteer/certificate.asp".

Arkansas
Charles Alan Ainley

California
Samuel Archibald (S)
Ronni Brown (HVO)
Tim Brunson (S)
Joshua Cohen (S)
Shama Currimbhoy (S)
Harris Done
Steven Dryden (S)
Lawrence Eckl II (S)
Andrew Gamache (S)
Jarom Heaton (S)
John Jerome (S)
Daisy Kim (S)
Darren Machule
Levi Palmer (S)
Tyler Pittman (S)
Dexter Quiggle (HVO)
Thomas Rennaker (S)
Melissa Vee-Yan Shing (S)
Aimee Taraporewalla (S)
Mark Tingey (S)

Connecticut
Tris John Carta

District of Columbia
Andrew C. Cobb
Gael M. Delaney

Georgia
Eugenio Beltrán (HVO)
Valerie Robison (HVO)

Illinois
Elizabeth Bauer (S)
Rebecca Baum (S)
Jeffrey Burch
Le Ann Burch
Ken Evans (HVO)
Poonam Jain
Scott Klohr (S)
Dwight McLeod (S)
Yvonne R. McLeod
Daniel Murphy (S)
Heather Richardson (S)
Teniel Seifert (S)
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Jennifer Speer (S)

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Sheila A. Barton

Iowa
David William Davidson
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Thomas J. Clark

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Montana
Dean Daniel Koffler

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Terry Eugene Owen
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A. Stanley Kosan
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Pradeep P. Bekal

Pennsylvania
Brice D. Arndt
G. Gary Hess (HVO)

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Paul F. Kirk

Tennessee
Ashby Paige Clanton

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Christian Cabello (S)
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Washington
Henry Evans (HVO)
Philip Madden (HVO)

Wisconsin
Thomas J. Bitner

Education

National exam update

ADA Board of Trustees takes action to ensure collaboration

BY KAREN FOX

Concerned that its call for collaboration in the development of a national examination for clinical licensure has not been addressed, the ADA Board of Trustees Feb. 20-22 passed a resolution that puts into motion several actions that must take place in the coming weeks and months.

The resolution calls for the ADA to collaboratively develop a proposal for the oversight of the development of a national exam and its ongoing evaluation by an independent national testing agency/authority. The proposal will be based on a model that includes opportunities for representation by major communities of interest in the profession—including practitioners, educators, licensing and testing agencies, the public and students.

The Board's action follows a Feb. 11 National Clinical Licensure Examination Consensus Committee (NCLECC) meeting where stakeholders were invited to discuss whether consensus is possible on the collaborative development of a national exam with meaningful involvement from the practice and educational communities. Attending were representatives from the American Board of Dental Examiners (known as ADEX, a committee of dental examiners incorporated to develop the national exam), the American Dental Education Association and the American Association of Dental Examiners.

Dr. Jones

The NCLECC met separately with the four regional testing agencies, Coalition of Independent Testing Agencies, and the California and Florida dental boards to gather information on their perspectives on exam format, content and administration.

"The Feb. 11 meeting was designed to seek areas of agreement, and determine what has to take place to achieve consensus," said Dr. T. Howard Jones, NCLECC chair. "The ADA is committed to ensuring that a national exam is created with support from all the communities of interest, and so far we clearly have not had the collaborative process that the House of Delegates and Board have asked for."

The Board's proposal will be presented to ADEX, which is developing an exam that will be administered regionally or independently by ADEX-participating states. ADEX is governed by a board of directors composed of a licensed dentist from one of the member state boards in each of the 31 districts, two dental hygienists, two public representatives, one AADE representative who serves with voice but no vote and three members who serve ex-officio—chief executive officer and chief operating officer of ADEX with vote and the AADE executive director with voice but no vote.

ADEX bylaws include provisions for nine other organizations—including the ADA, ADEA and the American Student Dental Association—to designate representatives who may attend the ADEX annual meetings as associate members with the ability to speak but not vote.

Dr. Scott Houfek, ADEX president, said that "ADEX is gratified that almost all regional and independent testing agencies continue their participation and support in the development of valued and reliable examinations for licensure."

"The stakeholders in the licensure process—dentistry's patients, the public—continue the development of a national uniform licensure examination through their representatives, members of the state boards of dentistry in the American Board of Dental Examiners," said Dr. Houfek. "While keeping the public protection requirements as paramount during this process, ADEX continues to work collaboratively with educators, the public and leaders of organized dentistry and dental hygiene. ADEX has required in its bylaws that at

east one-third of its examination committee be educators chosen for their areas of expertise."

But disagreement over who should create the national exam lingers.

"We're looking for significant changes in what has been a longstanding, entrenched system," said Dr. Jones. "We're talking about the creation of a common core exam here, not the entire process of administration or licensing individuals. A broad professional oversight would include people other than just examiners."

Added Dr. Jones: "Being involved in the process means more than observation. Yes, there are educators involved with ADEX, but they are also members of the examining community."

In seeking consensus, "the ADA is protecting the profession's right to evaluate candidates for licensure through an independent third party. We've seen that right eroded in states that are choosing to bypass the licensure exam process altogether," added Dr. Jones.

"The ADA has had and has an important and substantial role in the development of the examination through its documents such as the Agenda for Change," said Dr. Cynthia Riffle, AADE president.

"The AADE encourages the ADA to continue its contributions in their official representation in the American Board of Dental Examiners house of representatives," said Dr. Riffle. "The AADE endorses the process being undertaken by the American Board of Dental Examiners and its composition in the house of representatives and its committees."

The American Dental Education Association "fully supports the ADA Board's resolution to develop a proposal for collaboration and hopes to work through an ADA-facilitated process to develop a national exam should the current impasse continue," said Dr. Frank Catalanotto, ADEA president.

"ADEA's position is unchanged in that the communities of interest have a responsibility to collaborate on the development, administration and oversight of a new national exam," he said.

Should ADEX reject or fail to respond with agreement in principle to the ADA proposal, the Board will consider whether a stalemate exists.

Should a stalemate be declared, the Board also expressed its willingness to initiate a business plan for an ADA-facilitated examination process that would be presented to the 2005 ADA House of Delegates for review and approval. The business plan would describe an ADA-facilitated exam process that would start with existing exams and eventually progress to developing new exam models that are consistent with ADA policy and public and professional need.

"I'm very encouraged by the Board of Trustees' resolution, as it shows continued leadership by the ADA to work toward involving the entire profession in this issue," said ADA President Richard Haught. "Using the recommendations from the NCLECC, the Board was very thoughtful in trying to achieve a uniform national clinical licensure exam that has the support of all communities of interest."

Dr. Haught emphasized that the ADA is attempting to facilitate consensus within the profession.

"The ADA has no desire to conduct actual clinical examinations," he said. "The national exam for licensure should be given by those who are calibrated to test, and that is the examining community."

In August 2004, the ADA Task Force on Patient-Based Examinations proposed to the ADA Board that the ADA facilitate the development of a national exam. At the same meeting, the Board heard a proposal from AADE leaders who stated that an AADE-led national exam was already 75 percent complete. The Board voted to establish the NCLECC to ensure the process remains a collaborative effort, but believed it was premature at that time to begin developing an ADA-led exam process.

"At that time, the Board of Trustees was unwilling to commit additional resources to a process that we had every reason to believe was progressing as it should," said Dr. Haught.

The proposal called for in the Board of Trustees' resolution will be distributed to all communities of interest, with the anticipation that ADEX will consider it at its April meeting.

"We look forward to further discussions with ADEX at the conclusion of that meeting," said Dr. Haught. ■

Records system offers efficiency, convenience

ADA Member Advantage has announced a new alliance with The Dental Record, a company that provides an easy-to-use system resulting from years of research in dental patient charts.

The system's goal is to document patient treatment. However, the founders of the system at the Wisconsin Dental Association took the concept further by providing a thorough record for post-treatment reviews and peer reviews, which also helps protect the legal interests of the doctor. The key forms are continually updated as legal and medical standards change.

"The Dental Record helps dental practices become more efficient and organized, and it is truly an asset of the practice," said James Sweeney, chief executive officer of ADA Business Enterprises, Inc. "It was created by dentists for dentists, so we give it our wholehearted endorsement."

The records can be ordered as a completely assembled kit (with pockets and forms) or as individual forms or parts of the system. Several variations of the forms are available, such as periodontal records or children's records.

Dr. Paul Oberbreckling, a dentist for 27 years and chair of WDA's quality assurance committee that developed the record, is passionate about making dentists' lives easier.

"With our highly efficient system, dentists from all 50 states are reporting ease of use, lower malpractice risk and increased office productivity," said Dr. Oberbreckling.

To learn more or to place an order, contact The Dental Record at 1-800-243-4675 or visit "www.dentalrecord.com". ■

DentalPractice

Caution

Continued from page one

Dr. Gary Sandler ran across an advertisement that seemed to guarantee what he was looking for—an influx of new patients. Three months later all he had was new debt.

"I got suckered in," said Dr. Sandler. "Now, I think that's how this company's advertising approach is designed—to sucker dentists in."

An "amazing boost in revenues," "guaranteed or you don't pay," are among claims made by a TNG Systems' marketing system advertisement. Dentists' happy testimonials include, "TNG over-delivers on its guarantee. It's like having an ATM in the office, just turn it on and watch the new patients come into your office."

Such assertions piqued Dr. Sandler's interest. After learning about one of TNG Systems' marketing programs from TNG representatives, he received good referrals from two TNG-recommended dentists.

Dr. Sandler purchased a five-year leasing agreement for some $28,500. The agreement included coaching by TNG representatives, hardware, software and the installation of multiple phone lines for the purpose of cold-calling potential patients with TNG-prepared scripts.

"It all seemed very straightforward," said Dr. Sandler, who signed the agreement without consulting an attorney.

What he says really sold him on the deal was TNG Systems' assurance that it would pay $1,000 for any month the system failed to produce 100 positive patient inquiries to his office.

A Feb. 11, 2004, letter from TNG Systems to Dr. Sandler states, "If you or TNG decides this is not beneficial for any reason, TNG will buy you out of our marketing and coaching program, which includes buying you out of your leasing agreement, providing you have followed the standard usage requirements below. Failure to comply with any of the standard usage requirements voids the response agreement."

Four months later, Dr. Sandler learned he fell out of compliance with two of the eight requirements and that his compliance with two others were unverifiable. That was TNG's response to Dr. Sandler's request to exercise what he considered a buy-out option.

"The system generated few leads for me, wasn't working," explained Dr. Sandler. "It wasn't until after the system was installed that I realized it's as easy as pie for TNG to say someone violated the warranty. My sense of it is that being out of compliance with the standard usage requirements is TNG's knee-jerk reaction when someone asks for a refund."

Max K. Day, senior vice-president and chief operating officer of TNG Systems, Houston, Texas, says the standard usage requirements are simple.

"Run advertising as agreed, implement our sound practice management techniques, have a designated person attend our coaching sessions, track the results and fax us our report weekly so we can monitor results," said Mr. Day. "Doctors hire our company to help change their practices for the better. To do this they must be willing to learn and comply with the necessary requirements to do so—

Four months later, Dr. Sandler learned he fell out of compliance with two of the eight requirements and that his compliance with two others were unverifiable. That was TNG's response to Dr. Sandler's request to exercise what he considered a buy-out option.

just as doctors have to be willing to comply with other rules and regulations to practice."

Dr. Smith, Commack, N.Y., saw the same ad that captured Dr. Sandler's interest. He got good feedback from three dentist references TNG Systems provided him, including Dr. John Dobry, Mt. Clemens Mich., who is quoted in the advertisement. Dr. Dobry said he gets from 50 to 60 leads a month as a result and that some 20 to 30 percent of those leads end up in his patient chair.

"I'm happy with the system," Dr. Dobry told ADA News. "I learned the system inside and out and any time I have a problem, TNG takes care of it."

Dr. Smith said his experience has been quite different. He said although he had a sense that TNG System's sales representatives had "promised the world," he felt the promises were realistic and signed a five-year lease.

"The TNG sales people and the dentist references lulled me into a false sense of security," said Dr. Smith. (Of the three dentists Dr. Smith called for a reference, two were among those quoted in the TNG Systems advertisement.) "Now I feel I was trapped," he says.

He feels that way because when the leads Dr. Smith got in the first months of the contract did not translate into new patients, he was denied the opportunity to exercise the buy-out

See CAUTION, page 22

Guide gives answers to legal questions

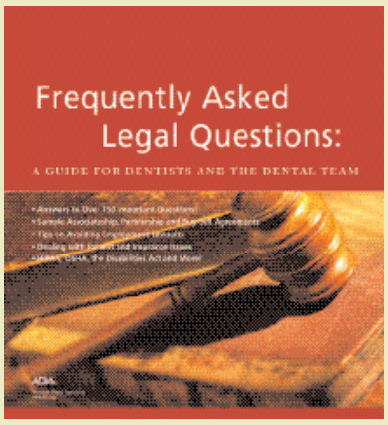
BY ARLENE FURLONG

The ADA Legal Division's Frequently Asked Legal Questions: A Guide for Dentists and The Dental Team answers contract questions in chapter two.

Among the noted considerations:

• Should I sign this contract? As you begin assessing whether a particular contract is right for you, in most cases, it is prudent to start with practice considerations. Does the proposal in question fit your practice preferences and long-range goals? If so, evaluate the economics of the deal with the help of your financial and business advisors. If the proposal does not make financial sense, stop there—there's no point in hiring an attorney.

• How do legal considerations fit in? If the proposal is attractive financially, then turn to legal considerations. For starters,



does the contract reflect the actual proposal that was of interest to you? In the way you understand the deal? Does it include all the terms that you expect and need?

Peter M. Sfikas, ADA chief counsel, says it's often difficult for a layperson to interpret the finer points of a vendor contract.

"Before entering into any significant contractual commitment, a dentist would be well served to have the contract terms reviewed by his or her attorney," advised Mr. Sfikas. "The attorney should be able to explain the consequences of the contract, including how and if the right to terminate the contract may be exercised."

The ADA Legal Division recommends dentists follow this checklist when considering entering into vendor agreements.

What should the dentist expect to receive? What is guaranteed versus mere hype?

What are the dentist's obligations? What steps must the dentist take to protect his or her rights under the contract?

For how long does the contract last? How may it be terminated? Are references provided? Speak to references about their experiences—both positive and negative.

What happens if there is a dispute? Is there an arbitration clause? Does the contract limit what the dentist may recover? Or the vendor? An attorney can guide the dentist through these and other issues.

Frequently Asked Legal Questions is for ADA members only. To order, call 1-800-947-4746 or visit "www.adacatalog.org" and ask for item L756. ■

Dentists detail their vendor experiences

BY ARLENE FURLONG

ADA members report an array of unfavorable vendor experiences. Here are a few samples.

Unintended listings

"I've called Dentists.org about unauthorized charges on my Visa card so many times I can't even tell you," says Dr. Coleman. "Nobody ever returned my phone call. Eventually, I just had to cancel my credit card."

In addition to hosting Web sites for dentists, Dentists.org, Boonton, N.J., lists the names and addresses for dental practices around the country. Dentists.org's Michael Atardi told ADA News that listings are generated by any of its 50 representatives, which include such companies as the Yellow Pages, SBC Global, Network Solutions, Yellow Book and Verizon.

"Our listing system is designed so dentists don't have to pay," said Mr. Atardi. "If another company a dentist has signed on with pays for a dentist to be listed with us, the dentist might not even know it. If that payer doesn't purchase our service for the dentist for the following year, the dentist will get an invoice for the following year's listing. If it's not paid within 60 days, the listing

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Caution

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option. TNG said he fell out of compliance with the standard usage requirements.

"My complaint isn't that the system didn't work for me. That's the risk you take," he observed, "But it seems impossible to obtain the refund outlined in the agreement with the standard usage exception." (See story, page 21, on legal questions and vendor contracts.)

Dr. Smith told ADA News one of the main issues he has with TNG is "their lack of integrity to honor their guarantee by using verbiage that is at best vague."

"You don't know the system is going bad until it has gone bad, and then there's nothing you can do about it, despite all the guarantees," Dr. Smith said.

Mr. Day said everyone who considers doing business with TNG has the opportunity to review all of the documents concerning standard usage requirements for the guarantee, and other documents necessary to make an informed decision prior to hiring TNG.

"Each guarantee is unique to each client; while some are the same; others have been used to accommodate each circumstance," explained Mr. Day. "We have different offers due to demographic and geographic studies, and our understanding as to what it is we believe can be accomplished there.

"And we have paid out on some of those guarantees—when it was warranted," he added.

Dr. Charles Kattuah, Marysville, Calif., and his wife and office manager, Cathy, ended up closing out their checking account when they learned they were unable to stop automatic payments to a patient referral company. After the

"I learned that old adage again: If it sounds too good to be true, it probably is."

Kattuahs requested to cancel the $1,900 monthly service, which they say they were told they could do at any time, the company used different names and dollar amounts to funnel funds from the Kattuah's account.

"I didn't think anything of initiating the automatic charge to the account when we signed up for the service because we do that with a lot of our vendors," explained Ms. Kattuah. "But after we cancelled the program, they continued to charge our account, by splitting the payment in two and changing names, so the bank wouldn't catch it and stop the payment."

The company they originally contracted with went under two names: BMS and Dental Patient Plus, New York, N.Y. One of the unauthorized checks was made out to Empire Patient Identification Co.

The patient referral service the Kattuahs said they contracted for included prescreening potential patients for needed dental work, preapproving patients financially and patient scheduling.

"I immediately told them they couldn't schedule patients, that I would have to do that, but they went ahead and did it anyway," said Ms. Kattuah. "But the real problems began when I told them what they sold us wasn't what we were getting."

Instead of sending the agreed-upon 15 patients each month, the company sent some 30 patients to Dr. Kattuah's office each month. Patients who arrived had been told they would receive free cleanings and free X-rays. Many arrived with coupons for $100 discounts.

Ms. Kattuah said she grilled the salespeople relentlessly before signing on for the service. "They repeatedly told me I could cancel at any time. But when I told them the system wasn't working for me they said, 'Either you make this work for you or we'll seek legal action.' "

A July 8, 2004, letter sent to Dr. Kattuah on BMS and Dental Patient Plus letterhead, signed by "Tom Vaughn," states, "It has come to my attention that you are entertaining the thought of terminating the business relationship with my company. Prior to making such a decision, please consider the unpleasant consequences that would emanate from you breaching the contract. Furthermore, I strongly suggest that instead of going in such a wrong direction, that you make a concerted effort to familiarize yourself with the true value of our services."

The Kattuahs' problems didn't end until they hired an attorney, whose letter seemed to stop the demands for payment.

"I learned that old adage again: If it sounds too good to be true, it probably is," said Ms. Kattuah. ■

New dentists plan June meeting in Chicago

"Sweet Home Chicago" beckons new dentists this year.

The ADA 19th New Dentist Conference takes place June 23-25 at the Westin River North Hotel in downtown Chicago, home of the ADA Headquarters.

Featured events include continuing education, leadership training, social activities and networking for dentists in practice fewer than 10 years.

This year's CE topics feature restorative dentistry, practice marketing and management, and financial information. Speakers will include Dr. Warren Jesek, Dr. Gordon Christensen, Dr. Bill Blatchford, Dr. William van Dyk and Mary Byers.

Register by May 13 for a reduced fee of $295 (for member dentists). Special rates apply for spouses, guests, dental office staff and nonmembers.

Online materials and registration forms are available at "www.ada.org/goto/newdentconf". If you have questions, contact the Committee on the New Dentist at Ext. 2779 or "newdentist@ada.org". ■

Vendors

Continued from page 21

is dropped and that's the end of it."

"I find it very disconcerting," said Dr. Lassar, about learning his name and address were listed on Dentists.org. "It's anything but ethical. And when I've called to say I wouldn't be paying, nobody ever answers the phone. When I've e-mailed the e-mail address on the invoice, nobody answered."

Dentists.org's Mr. Atardi told ADA News that any dentist listed on Dentists.org, who doesn't want to be listed should e-mail the address on the invoice—"Lisa@Dentists.org".

Unordered supplies

Dr. David Trotter, Sevierville, Tenn., gets bills every now and then from a company for materials the company claims his receptionist ordered.

"It's kind of funny," explained Dr. Trotter, because even if we did order these materials, my receptionist wouldn't be the one to do it.

"I've really made a concerted effort not to pay these. We don't get the bill every month, but I get one every now and then," said Dr. Trotter. "I'm expecting another one soon."

Delivering unordered supplies to dentist's offices and later charging for them is an old trick. The companies that do it often have histories of changing names, coming up with new ways to conceal their identities.

The FBI is currently investigating a scheme concentrated in the Dallas/Forth Worth area whereby company staffers bold enough to represent themselves as both dentists and major dental suppliers use a varied array of techniques to order, receive and then abscond with dental supplies.

One technique is to order supplies—generally disposable items such as syringes, film, bonding agents on existing accounts and then reroute the shipment through the United Parcel Service to an alternate address.

Another is to place the order for shipment to a dental office, then call the dental office in advance to say it was shipped in error and they will come back to pick it up. The imposters then encroach on dentists' premises to abscond with delivered supplies.

Affected dental suppliers have learned through the FBI that the materials are often shipped overseas for sale on the black market.

"These are criminals working their way into people's private businesses," said Peter Griesbach, director of credit for Henry Schein Inc. "Dentists say they feel violated after learning of these intrusions."

A suit was filed in U.S. District Court in Chicago October 19, 2004, against a dental supply firm for allegedly making unsolicited telemarketing calls to unsuspecting dentists, sending dental needles that were never ordered and then harassing dentists with threats of legal action for non-payment. At least two Illinois dentists were caught up in the scheme.

Tradeway Inc. of Placentia, California, also known as Nationwide Dental Supply, and its president are named in the suit.

It's alleged that in at least one case, representatives did not identify themselves during a telephone call and pretended to be a dentist's regular supplier to find out from the dentist's assistant the type of needles used in his office. About one week later, the dentist received a package of needles that were never ordered along with an invoice.

Another dental office reportedly received a bill for dental needles never authorized or received, after an assistant agreed to accept a free sample of a product line change. The dentist tried contacting the company, but didn't hear back. When the defendant called demanding payment for the needles that were never received, the dentist refused payment. A few days later a box of needles was received and returned by the dentist.

In this case, the Illinois State Attorney General Lisa Madigan, after receiving a letter from the Legal Division, filed a suit charging the company (Nationwide) with violation of the Federal Trade Commission Telemarketing Sales Rule and including failure to disclose its identity, the purpose of the call and nature of the goods, misrepresenting the goods and refund policy and making false and misleading statements to induce payment. The suit also charges Nationwide with violating the Illinois Consumer Fraud and Deceptive Business Practices Act. Assistant Attorney General Monica Grubbs is handling the case for Ms. Madigan's Consumer Fraud Bureau.

"Dentists are not required to pay for or return at their expense unsolicited items," explained Peter M. Sfikas, ADA chief counsel. "They should report such billing harassment to the ADA, the Better Business Bureau and the State Attorney General."

The ADA logs all complaints from members about potentially fraudulent activity. Call the ADA toll-free, Ext. 2874. ■

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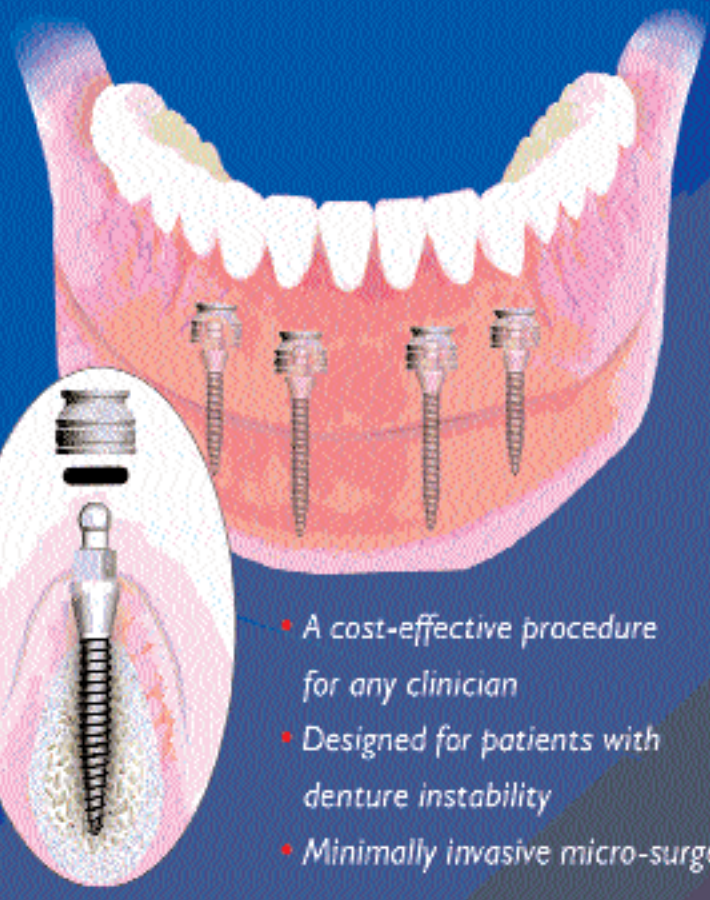

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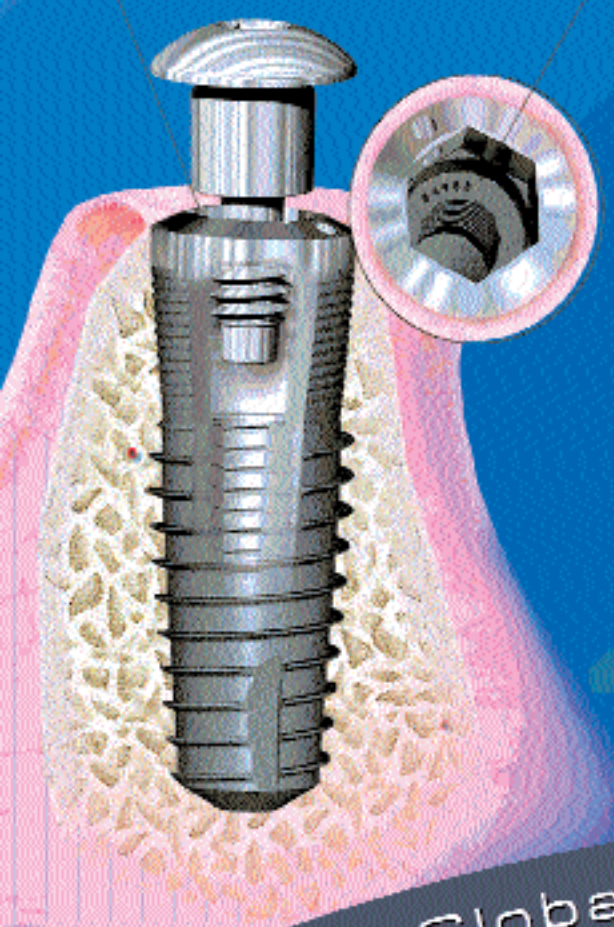

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