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American Dental Association, Publishing Division

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# ADANews

DECEMBER 12, 2005

VOLUME 36 NO. 22

## ADAF helps dentists in need Groups offer matching funds for hurricane relief

BY STACIE CROZIER

The devastation of this year's Gulf Coast hurricanes might be a memory for many, but support for victims—including dentists—is still urgently needed.

The ADA Foundation is still reaching out to dentists in need through its

Disaster Response Fund. And, from Dec. 1

to Jan. 31, 2006, your contributions will have double the impact. The ADAF, thanks to



**To donate, call 1-800-621-8099**

the generosity of the ADA, state and local dental societies and Henry Schein, will match contributions to its Disaster Response Fund dol-

lar for dollar.

"While the hurricane news has faded from the front pages, the ADA Foundation anticipates as many as 200 more requests from affected dentists in Louisiana, Mississippi, Texas and Florida," says ADAF President Arthur  
*See RELIEF, page 18*



**Office, home lost:** Dr. Thomas Drake stands in the rubble of what used to be his Pass Christian, Miss., dental office before Hurricane Katrina hit. The ADA has reached out to more than 500 affected dentists through ADA Foundation Disaster Response grants. See story, page 18.

## Third-party audits

What dentists need to know to protect themselves

BY ARLENE FURLONG

What's an easy way to provoke frustration, anger, indignation and even panic in many dentists?

Send a letter that begins something like this:

"A recent analysis of your claims submissions disclosed that you report one (dental procedure inserted here) at a frequency rate that significantly

**JADA moves to new online home, page six**

exceeds that of your peers."

Or like this:

"We've selected your practice for an audit. To assist us in evaluating the appropriateness of your reporting, please provide copies of the following

for patients on the attached list."

Or something that can be summed up this way:

"We're requesting a refund of some \$200,000 dollars in already-paid reimbursements."

"When it comes to a retrospective claim audit, it's pretty common for a dentist's first question to be, 'How  
*See AUDIT, page 16*

### BRIEFS

**Science in the News:** To help dentists in answering patients' questions on oral health stories making headlines, the ADA Division of Science has launched Science in the News on ADA.org.

For this resource, Division of Science staff review articles from the popular press, both print and online. Science in the News features a brief summary of each article's principal points, perspectives on the reported findings, and practical information on how the findings may have an impact on dentistry.

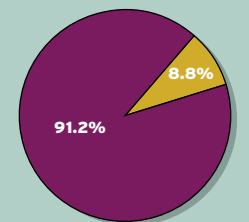
"The Internet has clearly taken a mainstream role in everyday life, providing dentists and patients with more access to the latest science news than ever before," said Dr. Amid Ismail, chair of the ADA Council on Scientific Affairs. "This new feature is a one-stop informational resource, with concise analysis and perspectives that can help dentists answer their patients' clinical care questions."

Topics covered so far include avian influenza and the suggested link between amoxicillin and dental fluorosis. To access Science in the News, go to "www.ada.org/goto/sciencenews" or contact the Division of Science at Ext. 2878 or by emailing "science@ada.org". ■

### JUST THE FACTS

#### Ergonomics

Percentage of responding predoctoral dental programs including ergonomic training in their curriculum, 2005.



Source: ADA Survey Center "survey@ada.org", Ext. 2568

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# It's time for NCDHM

## A Healthy Smile is Something to CHEER!

February is National Children's Dental Health Month.

This year's theme is "A Healthy Smile is Something To CHEER!"—featuring a two-sided, eye-catching poster with messages for young children on one side and a smart beverage choices message suitable for preteens and teens on the other side.

Media and professional activities coordinated nationally and through constituent and component societies reach millions of people in the country and at armed services bases abroad. Local celebrations include everything from health fairs, free dental screenings, museum exhibits,

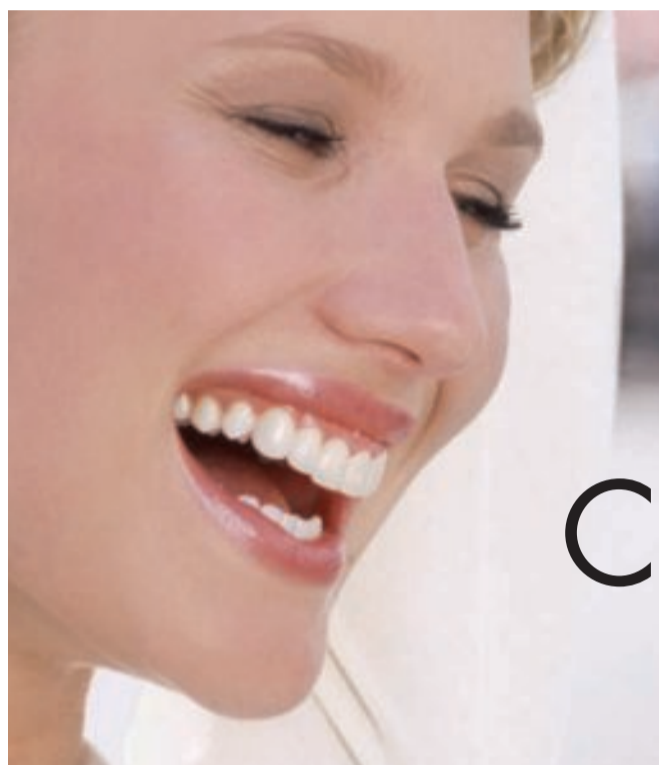
classroom presentations and dental office tours to poster, coloring and essay contests.

The ADA recently distributed a program planning kit for dental societies and dental alliances. Included are a poster, planning workbook, suggested resources, reproducible handouts, publicity information and tips on mentoring and dental careers. Posters are also available to the dental societies for use in classroom visits. Contact your dental society to participate in local activities.

In-office planning kits with posters, brochures, videos, dental office tour guides, activity booklets, and more may be purchased through the

ADA Catalog at 1-800-947-4746 or "www.adacatalog.org".

Free National Children's Dental Health Month materials are also offered on ADA.org. Download nine coloring and activity sheets for use as handouts in classrooms or for young patients in your office, or tips on giving school presentations. Visit "www.ada.org/prof/events/featured/ncdhm.asp" for ideas on talking with students from daycare through high school. ■



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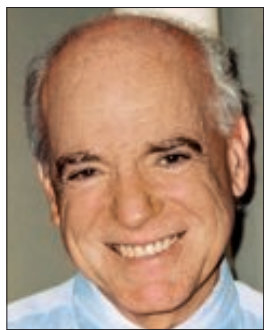
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# ViewPoint

## MyView

# Things we endure



Alan Goldstein, D.M.D.

**Y**ou must—absolutely must—love your patients.” The words hit me hard—not the usual thing you’d expect to hear from a professor at this venerable Ivy League dental school. But Dr. Jim Pride of the University of Pennsylvania School of Dental Medicine was not your usual teacher.

“I mean this literally,” he emphasized in response to the our baffled stares. “You will not be able to do your finest dentistry, no matter the technology, unless you find something in each individual, even something small, that you love. Without this, your care will lack an important human dimension.”

As best as my memory serves me, Dr. Pride was not a hippie, even though he offered these thoughts in 1967 at the time of great cultural unrest in our country and the world. Certainly, the conservative culture of the dental school did not encourage any “free-love” thoughts by faculty. It would not have been seen as professional.

But even now, almost 40 years later, hardly a day passes without my sense that Dr. Pride is sitting on my shoulder, admonishing me to love my patients. I think that this sense of working from my head and my heart does bring forth the best in me. Do I follow his dictum? I think so—but sometimes it’s very hard.

**I think that this sense of working from my head and my heart does bring forth the best in me.**

In 2004, my wife and I were ambivalent about staying in town during the Republican National Convention. It seemed a great time for a getaway, what with the crowds and traffic. But truthfully, the political aspects were what really made us uneasy. I am a Vietnam

veteran and was a John Kerry supporter; my wife and I are both long-time Democrats.

Although my office follows the axiom that health care and politics don’t mix, it’s not hard to tell the political bias in our practice. The New York Times and the New Yorker are the only reading material available, we address each other informally (I am rarely called Dr. Goldstein) and dramatic black and white photography celebrating our diverse cultural heritage decorates our walls. And we are, after all, on the Upper West Side! (Note: In some parts of the country this area of the city is seen as a hotbed of radicalism.)

Enter Roy. He was a relatively new patient in our practice. Maybe Roy sensed that I would be a good target for Democratic Party baiting. Maybe he wanted to live dangerously and didn’t mind antagonizing the person with the sharp instruments. In any case, he was ruthless with me. He said that he loved the car ride to the office because it gave him a chance to listen to Rush Limbaugh and learn more ways to irritate “the liberals.”

See MY VIEW, page five

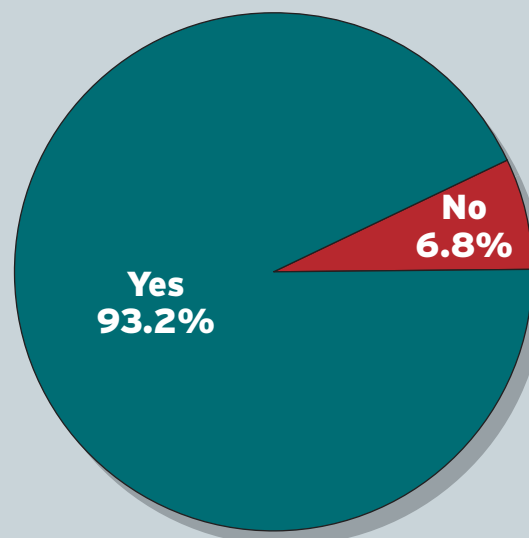
## LettersPolicy

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

### Ergonomics

Ergonomic training is included in the curricula of 93.2 percent of responding predoctoral and allied dental education programs.



Source: American Dental Association, Survey Center, 2005 Survey on Ergonomics in Dental Education.

## Letters

### Hurricane Katrina

I recently returned from a relief mission trip to Louisiana. While I was there I got to see first hand the devastation left behind by Katrina. Two months after the hurricane, the area still has the feel of a war zone.

While I was there I did not serve in my capability as a dentist. What was needed most were volunteers to open boxed donations and hand them out to the residents. The area where I was at in St. Bernard Parish was under nine feet of water above roof level during the hurricane. The people in the area still don’t have running water or electricity.

During my time there I was surprised that so many people asked for mouthwash more than toothpaste. The reason was because they didn’t always have access to clean water. During the whole week I was there we had a total of four bottles of mouthwash to give out; in comparison we had over 200 people walking daily through the supply tent at St. Bernard’s.

I want to forward a link to the organization that I served with (“www.prccompassion.org”). It is one of the many fine organizations serving the region. They are very well organized and have multiple sites that directly serve those who were hit hardest by Katrina.

The American Dental Association and its members have been very generous in giving to the region. Let’s continue to do so even when the event has passed the memory of our media. I realize that not everyone has the opportunity to take off from work to volunteer there—though to do so is one of the most



r e w a r d i n g things I have ever done and I encourage everyone to do so if they can.

Ratna Indab, D.M.D.  
Bellflower, Calif.

### Museum

I recently received wonderful news from Executive Director Rosemary Fetter of the National Museum of Dentistry that the exhibit “The Future In Now! African Americans in Den-

istry” is presently on display in the lobby of the ADA building.

I wanted to send along my commendations and best wishes on this welcome outcome, and I am quite assured that our late lamented Harold Hillenbrand (ADA executive director 1946-69) is pleased and smiling with this cooperative effort. I am equally certain that he is also happy with the successful programs and publicity related to diversity that the Association has developed. Please accept my congratulations and best wishes for continued successes and also for health and happiness in the upcoming holiday season.

Clifton O. Dummett, D.D.S.  
Distinguished Professor Emeritus  
University of Southern  
California  
School of Dentistry  
Los Angeles

**Editor’s note:** For more information on “The Future Is Now! African Americans in Dentistry,” see page seven.

### Why diversity?

I can no longer remain silent as I watch our profession go down the same road that has resulted in a lowering of overall quality and ethics in our nation. That road is called politically correct. I keep hearing about the need

See LETTERS, page five

# Letters

*Continued from page four*

for diversity—I disagree. What we need is character and ability. If we are wanting a great ball team, we would agree that the best players with a sense of character and desire for the team to win would be the best approach, not trying for any particular demographics—just the best. Why do we feel that we need to approach our profession any differently?

Seeking out and encouraging individuals to enter our profession who are ethical and honest and who possess the ability to perform in the various tasks presented to our profession should be our desire and focus. Keep the competition fair with equal opportunity for the individual applicants to compete head-to-head on a truly level field. You will get diversity because all groups have some very qualified individuals; but on given years, some groups may be more represented than others.

I would like to think that most dental professionals were chosen for their ability and character, not for ethnic background or socioeconomic status. I am sure some social engineering has been done, and is being done; but we need to keep that to a minimum, not increase it. Help students, but do so for deserving individuals based on character and abilities, not race, socioeconomic class and so on.

If we fairly select the best candidates based on ability and character, we will have professionals

who serve our society the best, we will have the respect that our profession deserves, and our profession will grow in stature as a result.

If we continue to be more concerned with demographics, rather than ethics and abilities, our profession is doomed to continue the downward slide as far as trust and respect within our nation's society—as it should. I remind members that we were once at the top of respected and trusted professions; but have since slipped from that honored position. We need to regain that trust by getting the best individuals to join our profession regardless of demographics.

Why should I care whether a dental professional is male or female, or a member of a particular ethnic group or socioeconomic group? If you are working on me, or my family, I want someone who I can trust to be honest and technically

good. How would you pick your cardiologist? I can assure you that for me, and most people, it will not be based on demographics. To lead our profession in the various areas of organized dentistry and to command the respect of our fellow citizens, we must have the best regardless of gender, ethnic background or socioeconomic class.

I am from a very humble background, economically speaking, but I was afforded an opportunity to attend an outstanding dental school based on my abilities and character. I would like to think that the same will be done in the future for the sake of someone interested in being a part of our profession, and for the sake of society as a whole.

*Paul L. Powell Jr., D.D.S.  
Siler City, N.C.*

## Sjögren's research grants

*Bethesda, Md.*—The Sjögren's Syndrome Foundation is offering one-year research grants to dentists, physicians or Ph.D.s seeking postdoctoral training at a U.S. institution in any aspect of research related to Sjögren's Syndrome.

Grants are awarded in the amount of \$35,000 annually. Recipients from 2005 are investigating cellular dynamics in mouse models of Sjögren's syndrome and characterization of brain areas innervating salivary and lacrimal glands, among other topics.

Applications must be postmarked by Feb. 1. Visit "www.sjogrens.org" for information. ■

# MyView

*Continued from page four*

He particularly loved the Swift Boat veterans because of the way they were thrashing John Kerry. I don't how he knew (or maybe he just sensed) my own particular history as an anti-Vietnam war activist. Maybe he just enjoyed watching me squirm. I didn't dare tell him how I really felt about his blathering. I just couldn't bear the thought of where that kind of conversation would go. It would have been more like a war, actually.

It was clear that Roy was someone I just couldn't love. The answer would lie in having my associate provide the care. But even so, when Roy came to the office I was physically there—I couldn't escape his relentless Kerry-baiting, Hillary Clinton-baiting, and everything-I-stand-for-baiting. My staff saw my blood pressure rise, and finally they sent me to the back room rather than watch the accident that was about to happen.

But as the days passed, I realized that there really was something in Roy that I loved—his tenacity. Day in and day out, and in the face of great personal risk, he came to the office armed with comments that were guaranteed to make us (particularly me) crazy. That really is courage. After all, we are the ones with the sharp instruments.

I wonder what Dr. Pride would have made of this oil-and-water relationship. Just an aberration, perhaps. We like to think that folks come to the practice for the quality and service provided in a politically comfortable environment. Of course, they come as well for the advanced laser technology. But we don't expect them to come for the sport of Intramural Doctor Goadung.

But like the teenager who pushes and pushes and dares the parent to push back, maybe Roy was here for the love as well, in his own round-about way.

And when I listen to Dr. Pride on my shoulder, I think that maybe—just maybe—Roy deserves it.

*Dr. Goldstein is the former editor of Wavelengths, the publication of the Academy of Laser Dentistry. He practices in New York, N.Y.*

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# JADA online moves to new home

BY JOE HOYLE

Dec. 1 marked the launch of a new and improved JADA Online portal offering a host of new services. It's all at your fingertips at <http://jada.ada.org>.

The JADA Online archive includes the full text of every issue of the journal dating back through 1995 along with a mix of abstracts and tables of contents dating back to 1966. Developed in partnership with Stanford University's HighWire Press, the new portal implements many improvements to the online edition of JADA based on feedback from readers and puts an extensive set of

research tools at your disposal.

"We are delighted to offer our readers such an enhanced JADA site," said Laura A. Kosden, publisher and associate executive director, ADA Publishing Division. "We hope that it will become a major resource to viewers around the world."

Among the improvements readers will notice immediately are a streamlined process to find and access the full text of JADA articles, the ability to configure hyperlinks and bookmarks pointing directly to individual article abstracts and redesigned interface pages that load quickly.

The HighWire-powered JADA Online search

engine uses some of the most sophisticated technology available on the Internet. Queries can be built based on article citation, authors, title, abstract, keywords, publication date or any combination of these parameters.

You can also limit a search to just articles published in JADA or to JADA and any number of the other 915 journals hosted by HighWire, including such titles as the Journal of the American Medical Association, New England Journal of Medicine and Journal of Dental Research.

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Additional e-mail alerts using the CiteTrack feature can let you know when new content meeting your prescribed search criteria is posted in participating HighWire journals of your choosing. To configure CiteTrack alerts, go to <http://jada.ada.org/cgi/alerts>.

The JADA Online portal will be open to everyone on a free trial basis until Feb. 28, 2006. Following this introductory period, access to articles posted in the past 12 months will be restricted to ADA members and JADA subscribers. Articles that have been online for more than 12 months will be open to all visitors. ■

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## TNG Systems files for bankruptcy

BY JOE HOYLE

Houston—Today's Destiny Inc. of Houston, a company doing business as TNG Systems selling marketing programs for dentists and other health care professionals, filed notice of Chapter 7 Bankruptcy Oct. 13 in the United States Bankruptcy Court, Southern District of Texas.

TNG Systems was among several companies mentioned in an ADA News article last spring about dentists who felt they had been the victims of scams (March 7 ADA News, "Dental Offices Believe They Were Victims Of Scam Artists").

The first meeting of creditors in the bankruptcy case, No. 05-90080, took place Dec. 6 in the Southern District of Texas courthouse, 515 Rusk Ave., Suite 3401, Houston, 77002.

For additional information, contact Joseph M. Hill, bankruptcy trustee, Cage Hill and Niehaus LLP, at 1-713-789-0500 or the ADA's Legal Division toll-free at ext. 2499.

Look for more on the case in an upcoming issue of ADA News. ■

# Exhibition shares history of African Americans in dentistry

BY KAREN FOX

The National Museum of Dentistry's exhibition highlighting the achievements of African Americans in dentistry is on the move.

"The Future Is Now! African Americans In Dentistry" has been on display in the lobby of the ADA Headquarters building since October. Later this month, the exhibit will be dispatched to the Louis Stokes Health Science Library at Howard University in Washington, D.C., where it will reside from February through May 2006. Next up is The African American Museum in Philadelphia (October to December 2006).

The Future Is Now! pays tribute to the men and women who paved the way for African Americans' success as dental professionals. Included are dramatic portraits, poignant memoirs and stories of individual and collective achievement.

The exhibition is a result of a collaboration between the Baltimore-based National Museum of Dentistry, the National Dental Association and Dr. Clifton O. Dummett, historian and distinguished professor emeritus of the University of Southern California School of Dentistry.

"Part of the museum's mission is to educate the public about the importance of oral health, dentistry and dental history," said Rosemary C. Fetter, the museum's executive director. "We feel like we can do that best by not only serving the public in Baltimore but by making these traveling exhibits available across the country."

The exhibition was displayed in three museums before coming to the ADA: The California African American Museum in Los Angeles (July to November 2004); Healthspace Cleveland in Ohio (January to April 2005); and the Charles H. Wright Museum of African American History in Detroit (June to August 2005).

"There is so very little information about the contributions of blacks in dentistry that we knew it would be wise if people outside the museum had the opportunity to see it," said Dr. Dummett, who with his wife Lois authored the book NDA II: The Story of America's Second National Dental Association.

Increasing the exhibition's audience, added Dr. Dummett, is one way to reach out to youth and spark interest in dental careers.

"It has already done that," said Dr. Dummett. "I have heard from many people who have gone to see the exhibit and were enthusiastic about applying to dental school."

"I hope that young people see the exhibit and find it inspirational," said Dr. Caswell A. Evans. He is a member of the museum's board of visitors who is one of 12 dentists featured in the exhibit's "Standing On the Shoulders of Giants" portrait and memoir timeline of individuals who have made contributions to the African Americans' success in dentistry in the fields of education, research, professional development and dental specialties.

Too many youth have too few role models and many never consider health careers as an option, added Dr. Evans, the associate dean of Prevention and Public Health Services at the University of Illinois at Chicago College of Dentistry.

"At least African-American youth should know that there are others who share their heritage, who have gone before and been found noteworthy," said Dr. Evans. "The take-home lesson is that they, too, can be noteworthy. They, too, can enter health careers, become dentists and excel."

Exhibit components also include:

- The "On the Trail of Dental History" case, which introduces visitors to the distinguished career of Dr. Dummett, who published the first known reference to African Americans in dentistry and the history of the

National Dental Association.

- A moving photographic timeline that communicates the complex and inspiring story of individual accomplishment, educational advancement and organizational success from the 1860s through the present day.

- "Hometown Heroes," special to the traveling exhibition, which honors local dental professionals who have made a contribution to dentistry on the community, state or national level.

The exhibition was developed by the National Museum of Dentistry with the support of the National Dental Association Foundation in partnership with Colgate-Palmolive. Additional support was provided by individuals and the ADA Foundation. ■



**Proud heritage:** Dr. Caswell A. Evans of the UIC College of Dentistry enjoys the exhibit at the ADA Headquarters Nov. 14.

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# New beginnings

## Insurance coverage helps disabled dentists get fresh start

BY ARLENE FURLONG

"It was almost like a death," says Dr. David Murphy, recalling the grief he experienced when

inoperable degenerative osteoarthritis of the thoracic spine forced him to give up his dental practice 11 years ago.

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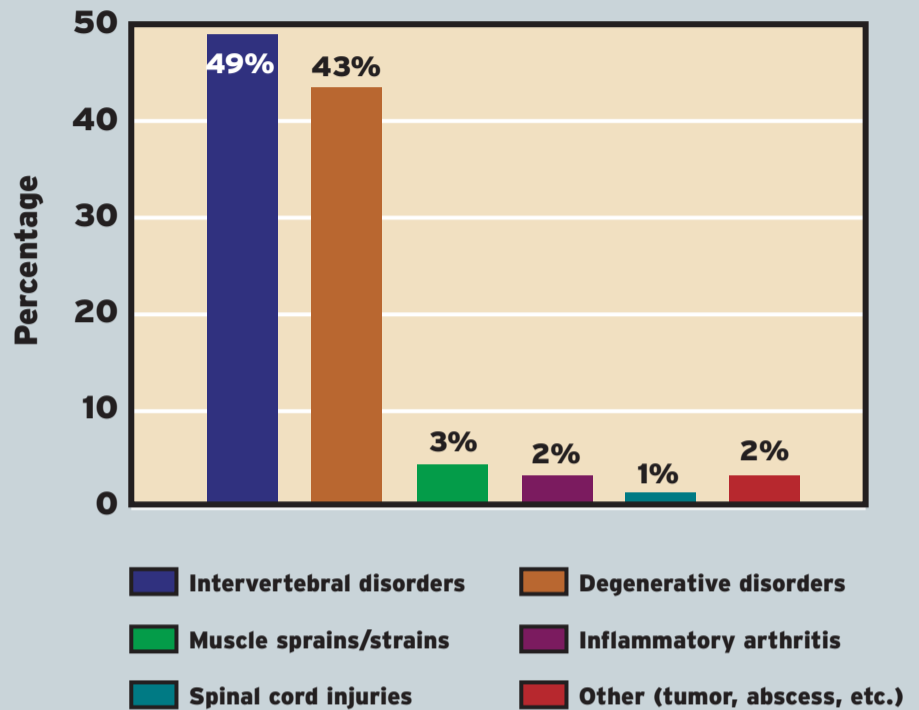
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## Back and cervical disorders

Some 30 percent of all open claims paid under the ADA Income Protection Plan in 2004 were for back and cervical disabilities. Intervertebral and degenerative disorders are the most common.



Source: Great-West Life & Annuity Insurance Company.

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"I ate, slept, and breathed dentistry," Dr. Murphy, now 62, says. "I was totally shocked that I had a problem that could take me away from the work I loved."

According to Great West Life & Annuity Insurance Co., the underwriter and administrator of two Association-sponsored disability plans for ADA members, Dr. Murphy's experience isn't all that unusual.

Some 30 percent of all open claims paid under the ADA Income Protection Plan in 2004 were for back and cervical disabilities. When arthritis and conditions affecting the shoulder and wrist were added, the number jumped to nearly half.

As the Kalamazoo, Mich., dentist came to terms with the realities of his new life, the disability income insurance he had purchased eight years earlier kept money flowing to the family. "Having a regular source of income was such a blessing," he says.

Dr. Murphy was also thankful that he had purchased a policy that defines disability relative to his own occupation, rather than a policy that only pays if the insured is unable to work in any occupation.

"I can't practice clinical dentistry any longer, but I'm not totally disabled," Dr. Murphy explains. "If I had an 'any occupation' plan, I probably wouldn't qualify for benefits and would have to take any kind of job. I might be sweeping floors."

The findings of a report released on open claims suggests that "own occupation" disability coverage should be a priority for practicing dentists of all ages, since many of the disabilities affecting dentists would render them ineligible for benefits if they had less generous, "any occupation" coverage.

Under the "own occupation" definition of disability, benefits can be payable if disability prevents the insured member from performing the normal duties of his or her occupation (general dentistry or any of the specialties recognized by the ADA).

The coverage gave Dr. Murphy financial breathing room to consider his options. Today he is on the faculty of Kalamazoo Valley Community College in the dental hygiene department, where he teaches head and neck anatomy and the use of local anesthesia.

See DISABILITY, page 10

## Back and cervical disabilities sideline dentists most often

According to statistics released in 2005 by Great-West Life & Annuity Insurance Co., some 30 percent of all open claims paid under the ADA Income Protection Plan in 2004 were for back and cervical disabilities. When arthritis and conditions affecting the shoulder and wrist were added, the number jumped to nearly half.

The underwriter and administrator of both Association-sponsored disability plans for ADA members—the ADA Income Protection Plan (Group Policy 1105GDH-IPP) and the ADA Office Overhead Expense Plan (Group Policy 1106GDH-OEP) some 30,000 ADA members have coverage under Great-West group disability plans.

Among other findings from the Great-West report:

During 2004, over \$24.6 million in cash benefits were paid to ADA members covered by the Income Protection Plan who became disabled on or after Nov. 1, 1992 (the date when Great-West became the underwriter and administrator of the plan).

The number of open claims at year-end 2004 included 656 dentists. The majority of these individuals were age 50-64. However, 14 percent of dentists on claim in 2004 were disabled on or before age 45, and 7 percent were 40 or younger at the time of their disability.

First-time claims were filed by 236 dentists in 2004. That means 36 percent of all claims paid during the year stemmed from recent disabilities, and conversely 64 percent of the disabilities were considered long-term, dating from 2003 or earlier.

The majority (69 percent) of new disability income insurance purchases in 2004 came from ADA members under age 40. ■

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# Disability

*Continued from page eight*

"I teach three days a week, and it's great," he says. "Still, the pay for part-time teaching is so low that I would never have been able to afford to do it without my disability insurance. I would have had to look for a better paying job just to put bread on the table."

For 13 years, Dr. Steven Fink loved his job as a clinical dentist in Hamburg, N.J. He says he was driven to succeed—building a successful practice, raising a family and serving as an officer in his local dental association.

"So imagine my shock to discover last year that my body will no longer allow me to continue in the occupation I so love," Dr. Fink, now age 40, says. "Last January, I had to stop practicing alto-

gether because my carpal tunnel syndrome had progressed to the point where it was impossible for me to safely hold and use my dental instruments."

Because Dr. Fink was unable to perform the duties of his "own occupation," he qualified for disability benefits under the ADA Office Overhead Expense Plan, disability insurance designed specifically to reimburse a business owner for monthly operating expenses.

"I had heard stories about the hassles dentists sometimes encounter when they try to claim disability benefits, so I didn't know what to expect," Dr. Fink recalls. "But that wasn't the case." Although Dr. Fink still owns a part of his practice, he has transitioned his share of the patient base to his partner and gotten more involved in his state dental association.

If getting "own occupation" coverage was one

of the smartest decisions Dr. Murphy made, he has some regrets, too. "I wish I had taken advantage of opportunities the insurance company offered to increase my coverage while I was still practicing," he says. "Some of those increases could have been accomplished automatically, without any medical exam or financial review. And, I kick myself for not adding a cost-of-living adjustment (COLA) option to my policy. I'm permanently disabled, yet my insurance pays the same monthly benefit today that it did 11 years ago, and it will never change. Looking back, COLA would have been well worth the extra cost."

Dr. Murphy advises dentists to look at their disability policies at least every three- to- five years to see if the coverage is adequate. "If it's not, increase your insurance while you can," says Dr. Murphy. "If I could qualify medically to buy more coverage today, I would be the first in line." ■

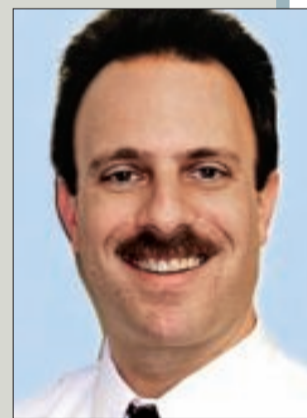
## Filing a disability claim doesn't have to be difficult

Drs. Steven Fink and David Major, both covered under ADA-sponsored disability policies administered by Great-West Life and Annuity Insurance Co., offer the following tips to help make the filing process go as smoothly as possible.

- Understand your policy's provisions and limitations. Know the number of days you must be disabled before the insurance company can pay benefits, which is called the waiting period (also known as the elimination period). In addition, check how your policy defines disability.

For example, both of the disability plans sponsored by the ADA define "total disability" as being unable to perform any of the duties of your own occupation—clinical dentistry. A dentist might think that just doing a few oral exams or checking a hygiene patient isn't really practicing dentistry, but for purposes of defining a disability, these activities are considered part of practicing. In Dr. Fink's case, the waiting period began when he totally stopped practicing dentistry.

- Document the onset of your disability. The insurance company will ask for medical records to establish the diagnosis and the date when the disability began, so it's important to tell your doctor when you



first had to stop work—**Dr. Fink** ing because of your disability.

- Be prepared with financial documentation. You'll be asked to provide your income tax return and/or proof of your monthly business expenses in order to calculate the dollar amount of your benefits.

- Expedite the process. No decision (or payment) can be made until all the required paperwork has been submitted, so acting quickly is in your best interests. Dr. Fink often faxed the information that was requested on the same day.

Another tip: If it's faster, consider going to your physician's office to pick up the required medical records and mail them to the insurance company yourself.

- Call with questions. Talk to the company's claims representative if you are unclear how to fill out a form or what exactly the company needs. "Don't guess," Dr. Fink says. "The claims representative is there to help you."

- Know your rights. If your claim is denied, you can appeal the decision. Usually this will require that you provide additional information from your attending physician documenting the extent of your disability. You also have the right to bring an attorney into the process, although Dr. Fink says he did not find that necessary at all.

If you have disability coverage with Great-West and would like an update on policy provisions or a complimentary assessment of your current needs, contact an ADA Plan Specialist at 1-888-463-4545 or "ada@gwl.com". You also can get information and even claim forms online at "www.insurance.ada.org". ■

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## ScienceWatch

### NIDCR launches TMJ pain prospective study

BY CRAIG PALMER

Bethesda, Md.—The nation's first large multi-center prospective clinical study will search to the genes for the origins of debilitating jaw and neck pain and relief for those suffering from an umbrella of maladies described as temporomandibular joint and muscle disorders, an estimated 5 to 15 percent of Americans.

The \$19.1 million seven-year international study, a cooperative agreement between the National Institute of Dental and Craniofacial

Research and the University of North Carolina, will track 3,200 healthy volunteers from three to five years to see how many develop TMJD and how it develops. The multi-center research will involve researchers at the University of Florida in Gainesville, directed by Roger Fillingim, Ph.D.; University of Buffalo-SUNY, directed by Dr. Richard Ohrbach; University of Maryland at Baltimore, directed by Joel Greenspan, Ph.D., and Dr. Ronald Dubner; and the University of North Carolina at Chapel Hill, directed by Dr. William Maixner, the study's principal investigator.

### Standards panels seek dentist volunteers

BY ARLENE FURLONG

The ADA Standards Committee on Dental

Products and ADA Standards Committee on Dental Informatics are seeking volunteers for several approved new work projects they propose.

- ADA Specification for Adhesion Test Methods to Tooth Structure will provide a new, reliable method for testing bond strength to tooth structure.
- ADA Specification for Rotary Endodontic Shaping Instruments will fill a need for new testing methodology related to this new technology.
- The proposed ADA Specification for Periodontal Curettes-Gracey Type will help ensure that safer, more uniform and more clinically effective Gracey scalers become available in the United States.
- The proposed ADA Specification for Portable Dental Unit, Dental Patient Chair and Dental Operator's Stool will fill a need for performance specifications for portable dental equipment including equipment intended for military and humanitarian operations.

• The proposed ADA Specification for Implant Systems and Screw Head and Driver Geometry will help dentists solve implant repair and maintenance problems.

• ADA Specification for Electronic Transactions in Dentistry will provide information about the use of electronic transactions associated with third party services.

• ADA Technical Report for Implementation Guidelines for DICOM in Dental Photography and Endoscopy will provide a user-friendly explanation of the pros and cons of using a proposed DICOM Visible Light Acquisition Context Group for Dentistry.

For more information on participating in the ADA standards committee working groups that are developing these documents, please contact Janet Hagen at 1-800-440-2506 or e-mail "hagenj@ada.org".

### Progress noted on diabetes/oral health

BY CRAIG PALMER

Atlanta—Nine states and the District of Columbia already meet the goal or "increased significantly" from 1999-2004 the proportion of adults with diabetes receiving dental care, the Centers for Disease Control and Prevention said Nov. 25.

A national health objective for 2010 aims for 71 percent of persons with diabetes having an annual dental examination. The CDC estimated the percentage of dentate adults—one or more teeth—18 and older with diabetes who visited a dentist within the last 12 months by analyzing data from 1999 and 2004 state-based telephone surveys.

Kansas, Minnesota, Nebraska, Pennsylvania, Rhode Island, Utah and Wisconsin exceeded 71 percent. Arizona, Kansas, Minnesota, Ohio and Washington, D.C. made significant gains and North Carolina lost ground over the five-year period, said the report, Dental Visits Among Dentate Adults with Diabetes, published in the CDC Morbidity and Mortality Weekly Report.

### Council approves toothbrush statement

BY JENNIFER GARVIN

If you've had patients inquire on the dos and don'ts of toothbrush care and wondered what was the best advice to give them, rest easy, the ADA has come out with a new position statement on the topic.

Because of studies about bacteria growing on toothbrushes as well as the increased popularity of toothbrush sanitizers, the Council on Scientific Affairs thought it was a good time to address toothbrush care.

The new position statement provides general recommendations for toothbrush care, sanitation, storage and replacement, as well as a scientific assessment of the reported link between toothbrush contamination and oral or systemic health.

The position paper points out that although there is no clinical evidence that soaking toothbrushes in antibacterial mouthrinse or using toothbrush sanitizers has any effect on oral or systemic health, common sense says that patients who are more susceptible to infections could benefit from "a higher level of vigilance."

To access the complete "ADA Statement on Toothbrush Care: Cleaning, Storage and Replacement," go to "www.ada.org/prof/resources/positions/statements/toothbrush.asp". For those members who do not access the Internet, a paper copy can be requested by contacting the Division of Science via the ADA toll-free number at Ext. 2878 or by emailing "science@ada.org". ■

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For more information related to this story, visit the ADA's Web site, using the Web address above.

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# A closer look at narwhal tusk?

## Proposed study could result in dental materials development

BY CRAIG PALMER

Sharon, Conn.—Dr. Martin Nweeia's research toward understanding "the most extraordinary tooth in nature" gained initial endorsement from a global panel of scientists planning a new era in polar science with International Polar Year 2007-2008.

Dr. Nweeia's research on the narwhal tusk that is tooth cites the ADA Foundation Paffenbarger Research Center, Harvard School of Dental Medicine, National Institute of Standards and Technology, the National Geographic Society, Smithsonian Institution, Center for Arctic Studies and Sunstar Butler Inc., among research and funding support groups.

"Scientific results have already begun to direct interest in future models of dental material design as the hard tissue of the narwhal tusk possesses a combination of unusual flexibility and strength characteristics that is highly desirable in restorative materials," said Dr. Nweeia's proposal for consideration as an IPY activity. "Scientific studies in anatomy, histology and cellular biology are currently being conducted by the principal investigator and collaborators to elucidate tusk function."

The proposal suggests seven potential "major



**Narwhal mystery:** Dr. Nweeia has proposed a research activity studying the narwhal and its tusk function.

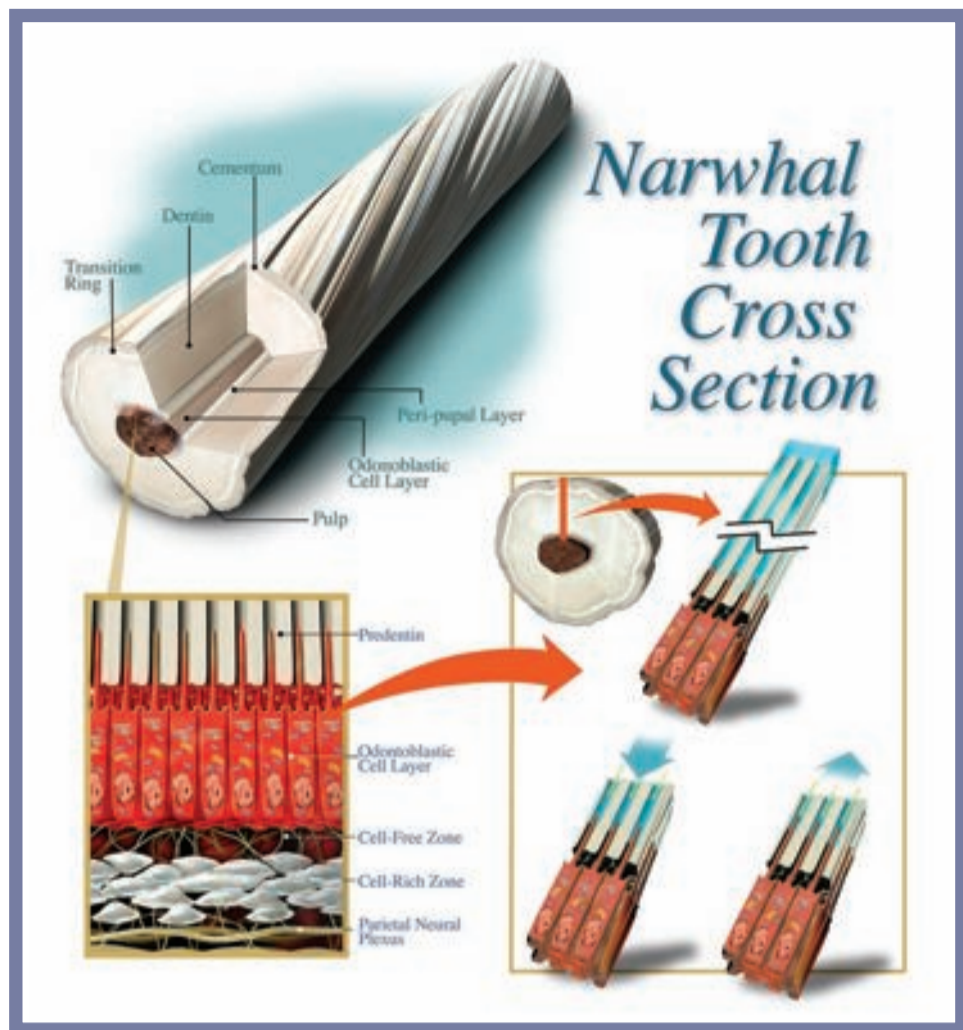


Illustration courtesy of Dr. Martin Nweeia

deliverables" from the IPY research, among them:

- Development of dental restorative materials based on mechanical and chemical characteristics of narwhal hard tissue;
- Solving the mystery of narwhal tusk function.

Dr. Frederick Eichmiller, director of the ADA Foundation PRC, assisted technical preparations for the Arctic expedition several months ago testing a hypothesis that the fabled and mysterious "unicorn" tusk of the narwhal senses change in water salinity. "The animals are released after the experiment is completed," he said. But "things get fairly hectic while Martin is setting up and running the experiments. Everything also has to function at freezing temperatures and be quick to fabricate while standing belly-deep in water."

Co-chairs of the International Council for Science and World Meteorological Organization Joint Committee for the IPY in a Nov. 5 letter commended Dr. Nweeia's proposed research activity, "Inuit and Western Descriptions of the Narwhal, Connecting Parallel Perceptions: Interdisciplinary Studies of the Narwhal with a Focus on Tusk Function." The National Academy of Sciences is the U.S. representative to the ICSU.

"The Joint Committee considers that your proposal as submitted includes very strong scientific components and demonstrates a high level of organization and of adherence to the IPY themes and goals," the letter said. "Based on the materials provided, the Joint Committee has every reason to believe that the activity as proposed will constitute a prominent and valued part of the IPY program and therefore conditionally endorses your submission."

Final endorsements will be announced by March 1, 2006.

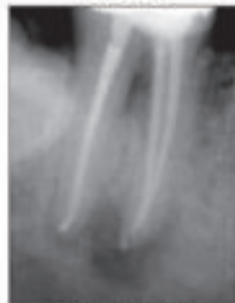
Dr. Nweeia is scheduled to present a paper, with collaboration from the NIST-ADA Foundation PRC team, on capabilities of tusk function at the Biennial Marine Mammal Conference in San Diego Dec. 13. He will give the Hubbs Lecture at Sea World in San Diego Dec. 15 on the narwhal.

Dr. Nweeia, Harvard University School of Dental Medicine instructor and Smithsonian Institution research associate, is a private practice dentist, explorer, anthropologist and teacher. He is principal investigator for the Narwhal Tooth Expedition and Research Investigation and is listed as "activity leader" for the proposed IPY project. ■

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## ADA's oral cancer CE course schedule set for early 2006

The ADA's "Dentist Saves Patient's Life! Early Oral Cancer Detection and Tobacco Use Cessation" five-hour continuing education course is scheduled at the following locations through March 2006.

- Dallas, Jan. 27, Dallas County Dental Society, 1-866-THE-SWDC, "www.swdental-conf.org";
- Chicago, Feb. 25, Chicago Dental Society Midwinter Meeting, "www.cds.org";
- New York, March 24, New York University, Shellie Fizer, 1-212-998-9235; Additional courses will be held through November 2006.
- Fargo, N.D., Jan. 20, North Dakota Dental Association, Kala Bolwitt, 1-701-223-8870, "www.nddental.com";
- Charleston, W. Va., Jan. 21, West Virginia Dental Association, Richard Stevens, 1-304-



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

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# Audit

*Continued from page one*

dare they?" says Dr. Michael Perpich.

A practicing dentist, Dr. Perpich now also provides consulting services for dentists undergoing such audits. He reviewed claims from a third-party payer's point of view for 11 years while working for Delta Dental Plan of Minnesota.

Depending on the insurer's policies and contracts, dentists might be required to refund claim payments to insurance companies for claims already paid. Depending on the dental procedure under review, insurers might require substantiation for submitted claims, including lab bills, periodontal charting, radiographs, financial ledgers, documentation of insurance and patient payments and dental records including progress notes.

"Most dentists don't have the opportunity to look at anyone's reporting practices but their own so it's difficult for them to see things a different way," says Dr. Perpich. "I help them do that and sometimes it becomes pretty obvious to dentists why some claims are audited."

Dr. Perpich says most dentists who have gone through an audit become much better at providing notes in patient charts that detail why specific treatments were provided.

"Dentists are very vulnerable when they're audited for high utilization and can't justify why they've

**Some dentists have found that reviewing each chart can reduce the refund request significantly. "If you don't appeal their decisions, you're accepting them."**

done what they've done," he says.

Two and one-half years after being audited by United Concordia, Dr. Paul K. Seo of Honolulu was required to include his rationale for providing radiographs and a copy of the progress notes with each radiograph claim he submitted. If a claim was denied, he disputed the decision and was occasionally successful in reversing wrongful determinations.

Dr. Seo believes that his maintaining tenacity and providing clear documentation had an effect, as a May review found that the majority of the services he provided had been consistently approved and UCCI freed him from requirements to routinely request predetermination when filing radiograph claims.

Some dentists have found that reviewing each chart can reduce the refund request significantly. "If you don't appeal their decisions, you're accepting them," says Dr. Seo.

While Dr. Seo's results might sound like good news, a May 9, 2005, UCCI letter to Dr. Seo also suggests a post-payment review may be conducted in the future. It says that if the results of that review are unfavorable, a refund may be requested and the prepayment flag reinstated.

United Concordia typically sends a letter to dentists whose frequency of reporting a particular service exceeds that of other dentists working within the same specialty in the state according to its statistical analysis. It asks dentists to review their office policy and tells them to expect a follow-up review on the procedures deemed over-reported in 12 months.

Thomas Harbold, senior vice president of UCCI's TRICARE dental program, says that although recovery of overpayments is no longer a primary focus of its audits, there are still occasional circumstances where UCCI pursues a refund.

"What we will try to do is apprise the dentist of our findings and see if some type of corrective action by the office occurs, or we may try to preclude additional overpayments from going out the door," says Mr. Harbold. "Claims from that particular doctor may not go through as a routine process but get moved to a special review area requiring



**Dr. Mercer:** "Because these audits can and do occur, dentists should be attentive to the completeness of the patient treatment records."

dentists to prove payment eligibility before being reimbursed."

A dentist who provides treatment in a low-income area says a major payer audited submitted claims a few years ago for surgical extractions and later was reimbursed some \$2,000 after the provider defended the work. In 2005 the dentist was audited again, this time for scaling and planing, surgical extractions and molar root canals. The dentist says the payer required substantiation to determine necessity and payment eligibility for the procedures in question.

"That kind of hassle and stress over your head just isn't worth it," the dentist who wishes to remain anonymous told ADA News. "The patient population I work with has been neglected. If it's what I would've done in my mouth, it's what the patient got."

After requesting to withdraw from the plan, the dentist says the audit was called off.

"The specifics of some practices and the patients they treat have some bearing on decisions and go outside what a software package can do," says Mr. Harbold. "We can do comparisons down to a five-digit zip code so any dentist who is being audited and has specific questions should call us."

Dentists often don't understand the difference between the treatments they're providing and what's covered by contract, according to Dr. Perpich.

"That's not to say that what they're doing is wrong; sometimes it's just not covered," explains Dr. Perpich.

David Morse, former dental director of Delta Dental Plan of Minnesota and current general counsel there, says 99 percent of problem claims are for treatments that aren't covered contractually. Delta Dental of Minnesota conducts random audits of its participating providers.

"The most important thing for dentists to understand is that the vast majority of dentists don't have any problems in an audit, but that dental plans just don't cover everything," says Mr. Morse. "For example, I don't think cosmetic dentistry has ever been covered by any dental plan."

"Audits have become part of the business," says Greg Alterton, policy analyst for the California Dental Association. "But the manner in which some payers inquire information from patients implies that dentists are being investigated for possible fraud."

He's referring to the letters Aetna sometimes sends from what's called a special investigations unit to its insured members requesting them to provide information about the treatment or services they have received, as well as the cost of such treatment or services. In a letter to the California Dental Association, Diana Alviggi, investigator, responds to the CDA's concerns about such letters, which include that the notifications don't provide the patient with any explanation of the need for the requested infor-

## Questions about your contract?

ADA members can obtain free informational review of unsigned provider contracts by submitting them to the ADA Contract Analysis Service through their state dental societies. ■

mation, but do require patients to answer questions without consulting their dentists. The CDA is urging Aetna to revise the terminology in these letters and requests that patients be informed of the routine nature and purpose of the requests for information so as not to jeopardize the integrity of the patient-provider relationship.

Mr. Harbold says UCCI only contacts patients "under extreme circumstances."

"If it gets to that point, there's a good chance legal authorities would be involved," he explains.

Dentists who aren't a part of Aetna's provider network reported undergoing retrospective claim audits. Aetna's response to the CDA is that "in order to be reimbursable under any of its plans, among other things, services must have been provided as billed and must meet the plans' definition of necessity. If the services do not meet these requirements, any payments made for the services must be reimbursed."

UCCI's Mr. Harbold reiterates the position, saying contracts don't relate to utilization reviews.

"We do audits on participating and nonparticipating dentists, whether they have a contractual relationship or not," he said. "We have a lot of administrative service types of contracts that are picking up the cost of members' care and we have to be good stewards of their money."

He says the purpose of the audit is to determine that the services they are paying for are properly reported and necessary and since they send out checks for nonparticipating dentists UCCI has the right to review what nonparticipating dentists are doing.

"There's not much we can do retrospectively, but we can require them to justify their claims prospectively," he says.

The ADA Division of Legal Affairs and the ADA Council on Dental Benefit Programs advise dentists with participating contracts with payers to become fully aware of audit provisions in those contracts and their obligations and appeal options. Nonparticipating dentists should seek advice from their personal attorneys when responding to an audit request.

The ADA Division of Legal Affairs notes that while some demands for refunds are substantial (as high as six figures), the vast majority of refund requests are for much smaller amounts.

"If the refund is large, it may well be reasonable to consult with a lawyer. However, whether or not to hire an attorney or pay back the refund is a business decision a dentist faced with a refund request from a third-party is confronted with," says Peter M. Sfikas, the ADA's chief counsel. "While dentists may have very good legal defenses, they (particularly nonparticipating providers) must consider whether or not it's financially prudent to pursue the matter in court." ■

## ADA standards committee seeks comments

The ADA Standards Committee on Dental Informatics has approved for circulation and comment the Proposed ANSI/ADA Specification No. 1047 for Standard Content of a Periodontal Attachment. Copies of the specification are available by calling the ADA toll-free, Ext. 2533, or sending an e-mail request to "standards@ada.org". For more on this specification see an upcoming issue of the ADA News. ■

## What if you're faced with a claims audit?

**BY ARLENE FURLONG**

The ADA Council on Dental Benefit Programs is concerned that some dental insurance carriers may be inappropriately relying on statistically based utilization review programs to make unilateral judgments. The council also seeks to address audit procedures and processes that are unduly burdensome and accusatory.

A retrospective claim audit is a third-party payer's review of claims paid to a dentist over a set period of time to determine if potential overpayments were made on claims.

Typically, these audits begin with a payer's request to review the records of patients who received services that were already paid for by the plan. Exactly what triggers these audits is not always clear to dentists.

Sometimes a dentist is unaware he or she is being monitored because the payer uses statistically based utilization review programs to determine if the dentist's average frequency for a certain procedure is higher than his or her peers.

The ADA House of Delegates in October updated Association policy on audits of private dental offices by third-party payers. The revised policy encourages dentists to obtain a written description and scope of the audit procedures and seek the advice of legal counsel, just as previously recommended. Added was wording urging dentists to consider their potential legal liability under applicable state and federal privacy laws in consultation with their attorneys when negotiating contracts that oblige them to allow third-party payer audits of the practices.

Sometimes a plan will demand a refund of overpayments. The council questions plans that attempt to withhold future payments for services provided to other patients as a means of recovery for so-called overpayments. Here again, the existence of a participating contract will have a bearing on how or if the dentist must respond. If faced with an audit, dentists should contact the ADA about further steps to take, including:

- For questions about audits and third-party issues, call the Council on Dental Benefit Programs, Ext. 2746.

- For questions about legal issues, call the ADA Division of Legal Affairs, Ext. 2499.

- Consult an attorney for information on obtaining legal advice and protecting your rights.

- Know what your contractual obligations are regarding the payer's processing policies for the procedures in question;
- Know the payer's refund policy and appeals process.

A dentist may wish to appeal an audit. He or she may wish to consider requesting a report identifying every charge that is being disputed and review each chart in search of documentation that proves the services were necessary.

The ADA Division of Legal Affairs says that depending on your contract, you may be entitled to know if it is a focused audit triggered by a variance with the payer's utilization statistics or if it's a random audit.

"Just because a payer is auditing your claims doesn't mean you are guilty of any wrong-doing," says Dr. James E. Mercer, chair of the Council on Dental Benefit Programs. "Because these audits can and do occur, dentists should be attentive to the completeness of the patient treatment records." ■

# Dentists earn Kellogg certificates

BY KAREN FOX

Dr. Huda Al-Hafidh is the dental director for JPS Health Network and its seven dental clinics in Tarrant County, Texas. She calls her recently completed training in the first ADA/Kellogg Executive Management Program for Dentists a series of "light-bulb moments."

"I feel I'm in the perfect situation for any dentist—I'm doing what I love, seeing patients every day and at the same time I'm doing the business part," said the Arlington, Texas, dentist. "Learning the details about finance and statistics in the Executive Management Program gave me a much better understanding of the big picture."

Dr. David M. White graduated from the University of Michigan School of Dentistry in 2003. For him, the Executive Management Program created "a new way of thinking."

"In dental school there were not a lot of opportunities for group discussion or abstract thinking," said the Reno, Nev., dentist, who aspires to owning multiple dental clinics in his home state. "In this program we learned the fundamentals, then broke out into groups and were asked to solve a problem. We all come from such different backgrounds that the brainstorming was often the most rewarding aspect of the course."

Dr. Arwinder Judge of Oswego, N.Y., is considering expansion of the two dental clinics he owns. The Executive Management Program, he said, is helpful for any business owner.

"Most dentists are very good at patient care, but I always thought that as dentists we needed more business background," said Dr. Judge. "I wanted to start building a management infrastructure, and this coursework was an excellent start."

Drs. Al-Hafidh, White and Judge are three of the 35 dentists who recently received their certificates from the Kellogg School of Management for completion of the Executive Management Program for Dentists.

"It's really satisfying when a vision comes to fruition," said Dr. James Bramson, ADA executive director. "Our concept all along was to provide dentists with fundamental, graduate-level business background training. Looking around the class, one could see the intensity of the learning and the

camaraderie of the students."

Now enrolling class members for 2006, the program offers management training to dentists seeking to hone their business skills. The curriculum draws from the core content area for Kellogg MBA students, including business strategy, organizational leadership, marketing, finance, accounting, economics, quantitative methods and information systems. This is not a practice management course.

One scheduling change occurred following the final session in November. Class members felt strongly about re-connecting with colleagues and coursework, so the class was extended to meet

again in April 2006.

That wasn't completely unanticipated, said Tom Prince, Ph.D., professor of health industry management at Kellogg who coordinates the Executive Management Program with ADA staff.

"Once you start thinking about economics and the business process associated with your investments then you would like to have more of that intellectual stimulation," said Dr. Prince. "There is so much interaction between the people going through the learning process that it's a very natural growth. And having a break between November and April gives you time to be ready for the next part." ■

## 2006 ADA/ Kellogg dates

For information on the 2006 ADA/Kellogg Executive Management Program for Dentists, go to "www.ada.org/goto/Kellogg".

Course dates are July 22-26, Sept. 15-20 and Nov. 3-7, 2006. Classes are held on Kellogg's Chicago campus, just down the street from the ADA Headquarters. Registrations are accepted on a first-come, first-served basis until the maximum of 45 students is reached. Questions? Call the ADA at Ext. 3541. ■

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## Singapore dental meeting set for April

Singapore—Combine continuing education, a world-class exhibition and travel to exotic Singapore by attending the 4th International Dental Exhibition and Meeting April 7-9, 2006.

Koelnmesse, the Singapore Dental Association and the FDI World Dental Federation have joined forces to organize the scientific program and exhibition for the meeting.

IDEM Singapore offers a variety of tour options to help international visitors enjoy the wonders of Singapore—a melting pot city where eastern and western cultures meet and blend. Historic sites and architecture, the arts, fine dining, health spas, shopping and lush gardens and parks are just a few of Singapore's attractions.

For more information or to register, visit IDEM Singapore's Web site: "www.idem-singapore.com". To learn more about Singapore browse "www.visitsingapore.com". ■

# Dentists rebuild lives, dreams

## Disaster Response Fund grant recipients express their gratitude

BY STACIE CROZIER

Covington, La.—Camped out in an empty space in his wife's accounting office, Dr. Thomas Drake is rebuilding his life post-Hurricane Katrina.

"I've been pretty blessed all in all," he said.

Not exactly what you'd expect to hear from a veteran dentist who lost his home and his office in a devastating natural disaster. He is now starting his 30th year of general practice in a new town, with a new practice and all new patients, but enthusiasm sparkles in his voice.

"I think I know five people in this town, I'm 58 years old and starting from scratch, but it's OK—I can do it," he says.

Dr. Drake and his wife evacuated from their home in Pass Christian, Miss., before Katrina hit. According to the Corporation for National and Community Service, an estimated 75 percent of the town's houses and most all of its businesses were destroyed.

The Drakes first stayed in a hotel in Mobile, Ala., that lost power during the storm. Then they moved on to a friend's house in Pensacola, Fla. The friend was just recovering from Hurricane Dennis, but things in Pensacola were functioning. They moved on to stay with his wife's uncle and later with his wife's brother in the Covington area, where they were lucky enough to find a house.

"We moved in and started over, you know, with a bed and a couch and later a TV, when you could

hook up a TV," he said. "One of our most memorable days was the one when we got a mail box and got signed up for phone service and garbage pick-up."

He said he got no mail for the entire month of September. "I still don't know what I missed," he says. But he did hear about the ADA Foundation Disaster Assistance program, and applied for a grant.

"I had no idea before this that the ADA Foundation even had a disaster response fund," he says, "but the grant I received absolutely, absolutely, absolutely made a big difference in helping me turn things around. A little bit from the ADA, a little bit from FEMA (the Federal Emergency Management Agency), a partial insurance payment—it all adds up and helps you weather the storm."

He also learned from the Louisiana Dental Association that there was a list of dentists who were donating used equipment to help their colleagues in need.

"There are many very generous dentists who are helping me toward my goal of opening my new office by the first of the year," he says. "I got some dental chairs from a dentist who recently remodeled his office, some handpieces and much more. The little pieces from everywhere add up. If you're frugal, you can make some interest instead of paying it."



**Moving on:** All that remains of Dr. Drake's home in Pass Christian, Miss., are some posts.

Dr. Drake recently rented a space for his new office and is working on remodeling it as a dental office. "I'm working hard to start working, and I'm

thankful for the helping hand that the ADA and other dentists have extended."

Dr. James W. Briggs, of Metairie, La., wrote to the ADA to express his thanks for the support affected dentists received.

"I wanted to thank the ADA for their assistance immediately following Hurricane Katrina. With damage to my home and severe damage to my office—the world looked bleak," he wrote.

"New Orleans had flooded, over a million people had fled their homes, there was little gasoline or food for days. It was a bleak scene in all ways.

"Now 2-1/2 months later—we have reopened our building and are seeking to find our patients and start our practice. It's a long and somewhat scary road.

"I do want to thank the ADA for their assistance in those worst hours—their kindness will not go unremembered."

In a follow-up phone call, Dr. Briggs said, "You couldn't even dream that it could be this bad—homes from all income levels are reduced to rubble and piles of sheet rock, carpeting and appliances lay in front yards all over the area. You don't know where your patients are and your home is a mess. But the ADA reached out and it will always be remembered."

Dr. Briggs said before the hurricanes, he treated patients in 20 nursing homes and some area hospitals. Now only 10 nursing homes remain. ■

## Delta gives LSU students \$1,000 grants

BY STACIE CROZIER

Baton Rouge, La.—Delta Dental member companies donated holiday cheer to Louisiana State University Health Sciences Center School of Dentistry students Nov. 28, presenting each of 312 individuals with a check for \$1,000.

"The generosity of the people in the dental profession has been amazing," said Melissa Gray, president of the freshman class. "Those will be the things we remember forever."

Students, faculty and administrators had just settled into their normally intense routine in New Orleans at the beginning of the school year, she said, when Hurricane Katrina changed the course of their lives. Now the dental school is temporarily relocated in Baton Rouge on two different campuses and with space and equipment pulled together out of necessity through the generous donations of a variety of groups.

"It's emotionally challenging right now," said Ms. Gray. "Lots of students and faculty lost everything they had, and if they didn't, they surely knew someone who did."

"Our school has done remarkably well—only one student in all four classes has left, and that was so she could be closer to her family," she added. "Everyone is hanging in there, just doing the best they can."

David Balhoff, president of the fourth-year class, said that the Friday before Katrina hit, dental school students and faculty were having their normal monthly party, grilling burgers and listening to music, and little did they know that they would be evacuating their homes and school in a matter of hours, and leaving personal equipment and belongings behind in their cubicles.

"A week later, we really didn't know what would happen," Mr. Balhoff said. "We were in the stage of the initial shock. We have obviously overcome many obstacles and we opened a new



**Gift:** LSUHSC dental students, with Dr. Marilyn Belek, Delta Dental of California (standing far right), and Dr. Eric Hovland, dental school dean (seated far left), display their checks.

30-chair dental clinic here in Baton Rouge Dec. 2 where second- and third-year students will be working. The fourth-year students are in rotations in clinics and private offices all around the state, and that was a benefit because it's giving us a feel for how a private practice works day to day.

"We've had a lot of help from dental companies and other dental schools, but this check we just received is a good boost for our students," he added. "It's great to have somebody reach out to our students on a personal level."

"Delta Dental's support will go a long way toward helping our students recover from the devastation of Hurricane Katrina and the levee failures that cost many of them everything they owned," said Dr. Eric Hovland, dental school dean. "Besides helping them replace lost educational resources, Delta Dental's generosity will also help restore our students' spirits."

"The donation has given us the thought that maybe we can do holiday gifts this year," Ms. Gray said. "That was something we didn't think

would be possible."

Member companies involved in the donation include Delta Dental of California, Arkansas, Colorado, Iowa, Pennsylvania, New York, Rhode Island, Virginia and Wisconsin, as well as Delta Dental of California's advertising agency, Warren Kremer Paino of New York.

"When we heard the plight of these students, we knew we had to step in and help," said Dr. Marilyn Belek, executive vice president and chief dental officer with Delta Dental of California. "These students are the next generation of dental care practitioners, and by assisting them in continuing their education, we are investing in the future."

Others who have reached out to LSU include the ADA Foundation, which contributed \$60,000 to the dental school and the American Student Dental Association, which is collecting donations that will go directly to students. The LSUSD Foundation is also conducting a fundraising campaign to assist in rebuilding efforts. ■

## Relief

Continued from page one

A. Dugoni. "Very soon, the number of requests will outpace the generous contributions received. We hope this special matching gifts program will encourage donors to dig deeper to help their fellow dentists in need."

Since the unprecedented 2005 hurricane season began, the ADAF Disaster Response Fund has received \$1,974,159 in contributions and pledges and disbursed nearly \$1.6 million, of which \$1,310,000 has been awarded to 524 dentists affected by disaster.

Three grants to organizations providing care to hurricane victims have totaled \$180,215 and four more grants are under consideration. The ADAF has also dispersed \$60,000 to the Louisiana State University School of Dentistry, which was heavily damaged by Hurricane Katrina, and \$38,422 to the American Red Cross for victim assistance.

In addition to monetary assistance, 301 dentists have volunteered through the Foundation's Help-A-Dentist Program, offering assistance to displaced dentists with temporary housing and/or employment. So far, 18 dentists in need received a list of potential matches or referrals.

Four mobile dental units were deployed to the Gulf Coast following the hurricanes, and one is still operating in Monroe, La. At the request of the Foundation, Patterson Dental Supply provided dental supplies to help restock the van, which the LSU School of Dentistry is employing as an outreach station for junior and senior dental students to treat hurricane evacuees.

Dental equipment, instruments and supplies stored in an airplane hangar and office volunteered by Dr. Don Doty, a dentist located in Brookhaven, Miss., were made available to some 560 dentists in Louisiana and Mississippi who sustained damage to their offices.

Log on to "www.ada.org/prof/hurricane/index.asp" to donate. A list of all donors to the ADAF Disaster Response Fund can be found on ADA.org. ■

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# Introducing Needle-free, Patient Friendly Anesthesia for Scaling & Root Planing

## Needle-free



- **Do Not Inject**
- Needle-free anesthesia for adults for scaling and root planing procedures
- Can be used for a single tooth, quadrant or whole mouth
- 30-second onset

### Don't Get Stuck Without It!

- Oraqix is a novel formulation of lidocaine and prilocaine that dispenses as a liquid, then sets as a gel at body temperature.
- Oraqix should not be used in those patients with congenital or idiopathic methemoglobinemia.
- Indicated for adults who require localized anesthesia in periodontal pockets during SRP procedures.
- Contraindicated in patients with hypersensitivity to amide type local anesthetics or any other product component.
- Oraqix is applied first to the gingival margin, then periodontal pocket with the use of an Oraqix™ Dispenser and a blunt-tip applicator.
- Most common adverse reactions in clinical studies were application site reactions, headache and taste perversion.

To order or for more information on Oraqix, contact OraPharma at 1.866.273.7846 or visit our website at [www.oraqix.com](http://www.oraqix.com)

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(lidocaine and prilocaine periodontal gel) 2.5% / 2.5%

#### Brief Summary of Prescribing Information

#### INDICATIONS AND USAGE

Oraqix® (lidocaine and prilocaine periodontal gel) 2.5%/2.5% is indicated for adults who require localized anesthesia in periodontal pockets during scaling and/or root planing.

#### CONTRAINDICATIONS

Oraqix® is contraindicated in patients with hypersensitivity to amide type local anesthetics or to any other product component.

#### WARNINGS

Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents. Methemoglobinemia has been reported in a few cases in association with lidocaine treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Oraqix® should not be used in those patients with congenital or idiopathic methemoglobinemia and in infants under the age of twelve months who are receiving treatment with methemoglobin-inducing agents. Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate grey cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysrhythmia and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs,

especially if methHb-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the setting of methemoglobinemia. The diagnosis can be confirmed by an elevated methemoglobin level measured with co-oximetry. Normally, methHb levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. The development of methemoglobinemia is generally dose related. The individual maximum level of methHb in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.5 g Oraqix®.

Management of Methemoglobinemia: Clinically significant symptoms of methemoglobinemia should be treated with a standard clinical regimen such as a slow intravenous injection of methylene blue at a dosage of 1-2 mg/kg given over a five minute period.

Patients taking drugs associated with drug-induced methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, and quinine are also at greater risk for developing methemoglobinemia.

Treatment with Oraqix® should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment.

#### PRECAUTIONS

##### General:

##### DO NOT INJECT

Oraqix® should not be used with standard dental syringes. Only use this product with the Oraqix™ Dispenser, available from DENTSPLY Pharmaceutical.

Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock.

Eye contact with Oraqix® should be avoided. Animal studies have demonstrated severe eye irritation. Corneal irritation and potential abrasion may occur. If eye contact occurs, immediately rinse the eye with water or saline and protect it until normal sensation returns. In addition, the patient should be evaluated by an ophthalmologist.

Oraqix® should be used with caution in patients with a history of drug sensitivities, especially if the etiologic agent is uncertain.

Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at greater risk of developing toxic plasma concentrations of lidocaine and prilocaine.

**Information for Patients:** Patients are cautioned to avoid injury to the treated area, or exposure to extreme hot or cold temperatures, until complete sensation has returned.

**Drug Interactions:** Oraqix® should be used with caution in combination with dental injection anesthesia, other local anesthetics, or agents structurally related to local anesthetics, e.g., Class 1 antiarrhythmics such as tocainide and mexiletine, as the toxic effects of these drugs are likely to be additive and potentially synergistic.

**CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY:**  
**Carcinogenesis** - Chronic oral toxicity studies of o-toluidine, a metabolite of prilocaine, have shown that this compound is a carcinogen in both mice and rats. The tumors associated with o-toluidine included hepatocarcinomas/adenomas in female mice, multiple occurrences of hemangiosarcomas/hemangiomas in both sexes of mice, sarcomas of multiple organs, transitional-cell carcinomas/papillomas of urinary bladder in both sexes of rats, subcutaneous fibromas/fibrosarcomas and mesotheliomas in male rats, and mammary gland fibroadenomas/adenomas in female rats. These findings were observed at the lowest tested dose of 150 mg/kg/day or greater over two years (estimated daily exposures in mice and rats were approximately 6 and 12 times, respectively, the estimated exposure to o-toluidine at the maximum recommended human dose of 8.5g of Oraqix® gel on a mg/m<sup>2</sup> basis).

o-Toluidine, a metabolite of prilocaine, was positive in Escherichia coli DNA repair and phage-induction assays. Urine concentrates from rats treated orally with 300 mg/kg o-toluidine were mutagenic to Salmonella typhimurium in the presence of metabolic activation.

#### USE IN PREGNANCY:

**Teratogenic Effects:** Pregnancy Category B  
Treatment of rabbits with 15 mg/kg (180 mg/m<sup>2</sup>) produced evidence of maternal toxicity and evidence of delayed fetal development, including a non-significant decrease in fetal weight (7%) and an increase in minor skeletal anomalies (skull and sternal defects, reduced ossification of the phalanges). The effects of lidocaine and prilocaine on post-natal development was examined in rats treated for 8 months with 10 or 30 mg/kg, s.c. lidocaine or prilocaine (60 mg/m<sup>2</sup> and 180 mg/m<sup>2</sup> on a body surface area basis, respectively up to 1.4-fold the maximum recommended exposure for a single procedure). This time period encompassed 3 mating periods. Both doses of either drug significantly reduced the average number of pups per litter surviving until weaning of offspring from the first 2 mating periods. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Oraqix® should be used during pregnancy only if the benefits outweigh the risks.

**Nursing Mothers:** Lidocaine and, possibly, prilocaine are excreted in breast milk. Caution should be exercised when Oraqix® is administered to nursing women.

**Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. Very young children are more susceptible to methemoglobinemia. There have been reports of clinically significant methemoglobinemia in infants and children following excessive applications of lidocaine 2.5% and prilocaine 2.5% topical cream (See WARNINGS).

**Geriatric Use:** In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

#### ADVERSE REACTIONS

In clinical studies, the most common adverse reactions are application site reaction (including pain, soreness, irritation, numbness, ulcerations, vesicles, edema, abscess and/or redness), headache and taste perversion.

#### Rx only.

For more detailed information, consult your DENTSPLY Pharmaceutical representative and read the full Prescribing Information.

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Form No. PM-Oraqix-PI-0024 Rev 11/04

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