3-5-2007

# ADA News - 03/05/2007

American Dental Association, Publishing Division

FDI Congress in Dubai, page eight ◆ Golden Apple nominations sought, page 22

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

# ADA NEWS®

MARCH 5, 2007 VOLUME 38 NO. 5

# New workforce model prompts call for input

## ADA seeks curriculum, institutional development for community dental health coordinator pilot

**BY KAREN FOX**

The ADA's Workforce Models National Coordinating and Development Committee is now looking for institutions interested in contributing to the curriculum and becoming pilot sites for the community dental health coordinator program.

■ **NPI deadline in May, page 18**

Approved by the 2006 House of Delegates as having the potential to address access to care challenges facing dentistry, community dental health coordinators—also known as CDHCs—are mid-level allied dental personnel who will work in underserved areas where residents have limited or no access to dental care.

A new member of the oral health team, CDHCs will promote oral

*See PILOT, page 24*

# New faces of leadership

## Presidents-elect confer on tripartite concerns

**BY KAREN FOX**

Tripartite issues took center stage Jan. 28-30 at the President-Elect's Conference, which drew 51 constituent leaders to ADA Headquarters.

"The purpose of this event is to bring together the people who are going to be working for the next two years as leaders within our constituent societies," said ADA President-Elect Mark Feldman, who hosted the conference. "The benefits of collaboration are numerous, and information sharing, identifying common problems and strategies to work them through to successful outcomes will enable us to learn from each other."

■ **Dental claims processing problems eyed, page 14**

"It was an invaluable experience," said Dr. Bonnie Beamer, District of Columbia Dental Society president-elect. "These are the same people with whom I will be interacting in the next two years. There is really no other way to have face-time or get to know each other."

*See LEADERS, page 26*

**In house:** ADA President-Elect Mark Feldman (top left) greets tripartite leaders Jan. 29. Clockwise from top right are state presidents-elect Dr. Jeanne Salcetti (Colorado), Dr. Glenn Hemberger (Kansas) and Dr. Donna Thomas Moses (Georgia).

# Dental home concept featured in mailing

**BY STACIE CROZIER**

A new brochure mailed to general dentists late last month not only reinforces the importance of a dental home for young children, it also represents a cooperative effort between the ADA and two other dental organizations.

Dentists should be receiving a copy of the 8½–by-11-inch, two-sided flyer, The Dental Home: It's Never Too Early to Start, produced by the American Academy of Pediatric Dentistry Foundation, the Dental Trade Alliance Foundation and the ADA.

"The goal of the new brochure is to get all of our ADA members who are general dentists on board with the dental home concept and its establishment with the first dental visit by age 1," said Dr. Lindsey A. Robinson, vice

*See DENTAL HOME, page 26*

## BRIEFS

**Institute:** Applications are now being accepted for the 2007 ADA Institute for Diversity in Leadership.

Made possible by the ADA Foundation through contributions from GlaxoSmithKline,


Procter & Gamble and Sullivan-Schein, the Institute is a program designed to enhance leadership skills of dentists from racial, ethnic and/or gender backgrounds that have been historically underrepresented in leadership roles.

New brochures are available by mail or from ADA.org. Visit "www.ada.org/goto/diversity".

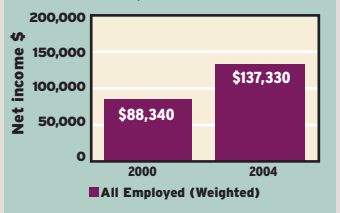
Upcoming Institute dates are Sept. 5–7; Dec. 10–11; and Sept. 10–12, 2008. Events take place in Chicago.

The application deadline is April 30. For more information, contact Stephanie Starsiak at the ADA at Ext. 4699 or "starsiaks@ada.org". ■

## JUST THE FACTS

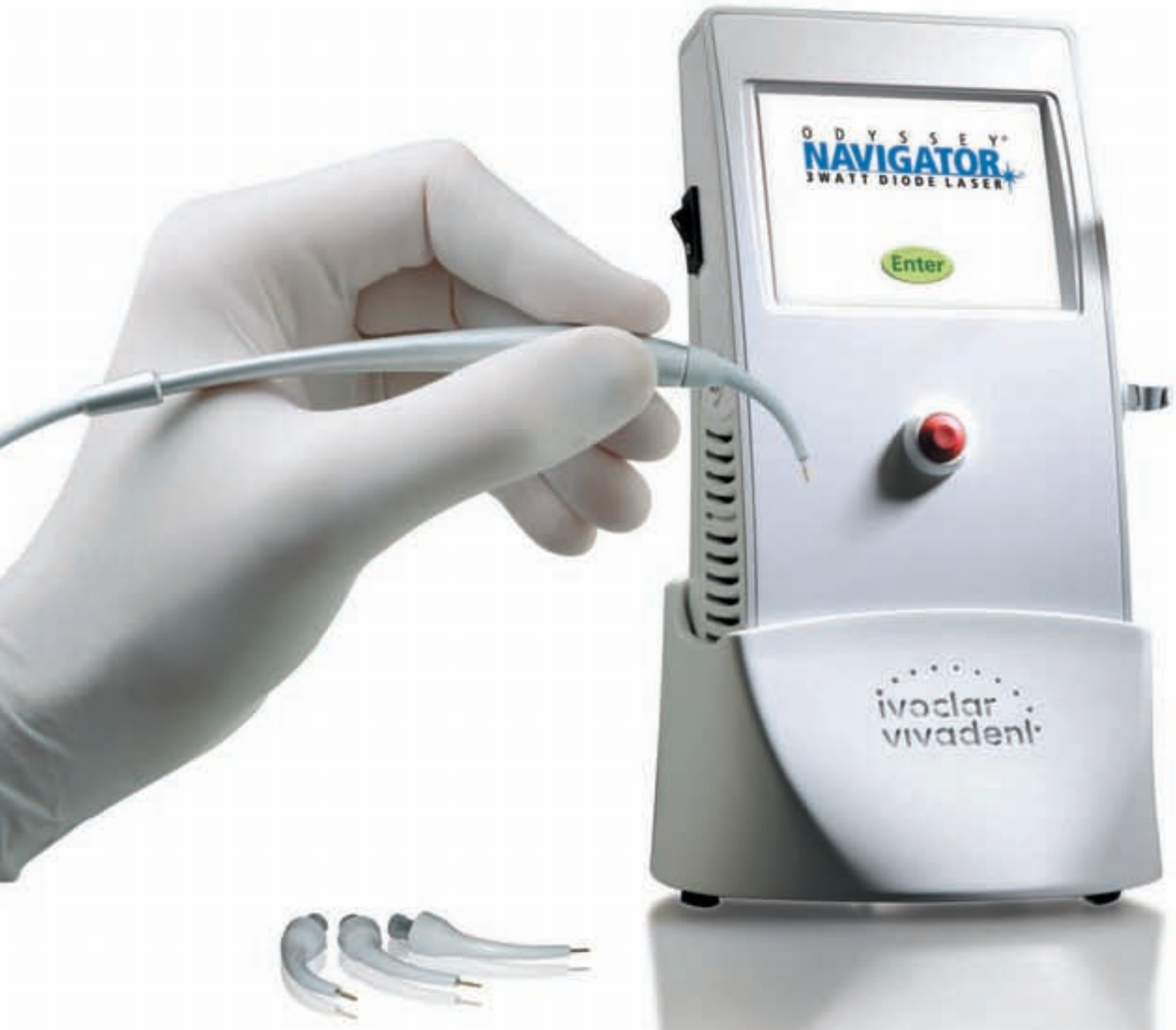
### Income

Net income from the primary private practice of employed dentists, 2000 and 2004.




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

# Follow the Leader...

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# Annual session registration opens March 28


*San Francisco*—Have you made plans to attend the 148th Annual Session of the American Dental Association at the Moscone Center in San Francisco, Sept. 27-30?

Mark your calendar now. Registration opens March 28. Be sure to register early so you can sign up for your first choice of continuing education programs and your favorite San Francisco hotel.

ADA07 San Francisco will offer dentists, dental team members, families and guests golden opportunities for:

- continuing education, featuring new education opportunities unique to the ADA, among the more than 275 scientific session courses to be offered;
- shopping and hands-on research opportunities among the newest products and latest technologies at the ADA World Marketplace Exhibition;
- networking with colleagues;
- special events, including the Distinguished Speaker Series and an entertaining evening event with Billy Crystal;
- world class dining, shopping and sightseeing in one of the nation's most desirable tourist destinations;
- and much more.

Request an annual session preliminary program by calling toll-free, 1-800-232-1432 or e-mailing "annualsession@ada.org".

The March 19 issue of ADA News will contain eight pages of annual session information, including continuing education course grids, city information and more.

Preliminary programs will be mailed in April. An electronic (PDF) version of the Preliminary Program will be available on ADA.org when registration opens on March 28. ■

# ViewPoint

## MyView

# Is collegiality between dentists and benefit consultants possible?

Robert Laurenzano, D.M.D.

Let's be honest. There are many dentists who view third party payers with suspicion and regard those who work with them—such as dental benefit consultants—as the enemy. But it's also important to understand who the consultants are: in many cases, the parties on both sides are dentists, professionals who share much in terms of common education, hands-on practical knowledge, experience with the realities and hardships of clinical practice and a desire to be part of a profession that upholds high ethical standards.

Dentists who serve as benefit consultants, reviewing claims and validating the appropriateness of treatment, play an important role in reducing fraud that takes funding away from patients in need of care. Without dental insurance and the dental benefit industry, billions of dollars that now pay a portion of care for 50 percent of the U.S. population would disappear. Individuals are unlikely to replace these funds out-of-pocket.

There is another option—cooperation among dentists, insurers and benefit consultants for the good of the profession, the patient and the practitioner. Many practicing dentists feel wronged by insurance companies, second-guessed by claims reviewers and accused by explanation of benefits statements as "proof" of overcharging. It is exactly for those reasons that some practicing (and licensed but currently nonpracticing) dentists have chosen to become dental benefit consultants.

These consultants believe that by putting their dental training and practical experience to use reviewing claims, they help other dentists and the dental profession. How? First, dentists who are dental benefit consultants are more likely to understand both the medical necessity and the ambiguity of real-life practice than nondentists. They have stood by the dental chair and practiced in the operating suite themselves.

Secondly, dentists who are dental benefit consultants also understand that the trust of patients is essential for ethical, successful treatment. Whenever fraud and abuse—or even systemic mistakes—are permitted to persist, it weakens the bond of trust between dentists and their patients. Reducing and eliminating fraud, abuse and unethical treatment benefits everyone—patients, dentists and insurers—and helps assure that funds will be available to reimburse legitimate expenses.

Thirdly, the future of dentistry as a profession is dependent on its continued adherence to sound science and best practices. Dentists who are dental benefit

*See MY VIEW, page five*

## LettersPolicy

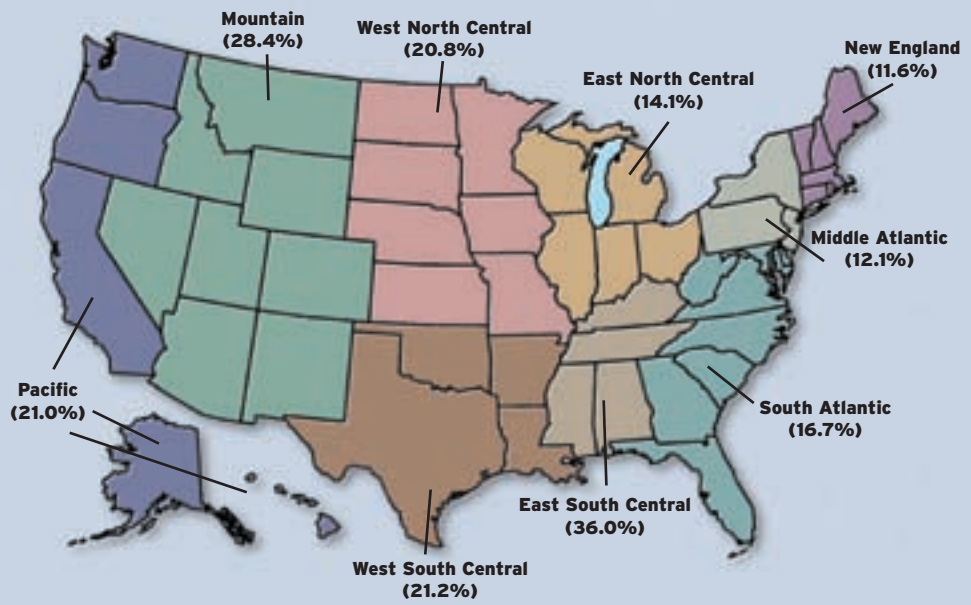
**ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views 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

## Dental graduates

Dental school graduates in the East South Central region of the U.S. are most likely to own their own dental practice after graduation.

**Percentage of 2004 dental school graduates who own their own practice, by region**




Source: American Dental Association, Survey Center, 2005 *Survey of Dental Graduates.*

# Letters

### Bisphosphonates

In regards to the article on bisphosphonates ("Bisphosphonates Guidelines," Feb. 5 ADA News): I can understand there may be some frustration on the part of physicians using our dental guidelines and treating their patients with these medications, but I have to ask the obvious question: are the physicians ordering every patient to see their dentist prior to prescribing bisphosphonates?

If a patient is not compliant with the dental evaluation, are the physicians still prescribing the medication? There should be no surprises during the patient's medical treatment planning if the physician establishes a good relationship with the dentist from the get-go and not after the fact.

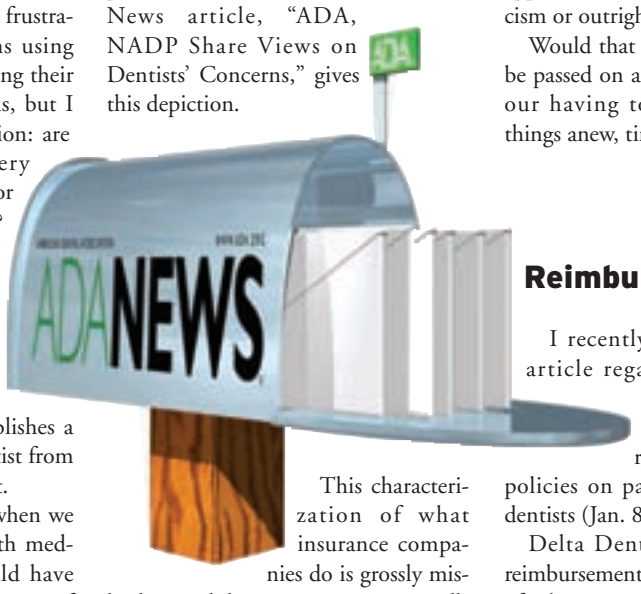
Dentists are frustrated also when we are trying to play catch up with medical treatment when we should have been called in upon initial therapy. If both doctors work together on these issues, I think these frustrations should be mostly eliminated.

*Lon Meader, D.M.D.*
*Virginia Beach, Va.*

### Misleading?

Someone once said: "If you call a dog a horse, it will still be a dog."

Calling what you get from insurance companies "pre-authorization" falls in the same category. What they deliver is a "determination of benefits." They are not authorizing anything. Only the patient can do that. The Jan. 6 ADA News article, "ADA, NADP Share Views on Dentists' Concerns," gives this depiction.




This characterization of what insurance companies do is grossly misleading and dentists resent anyone calling it anything other than what it is.

*Ben W. Curtis, D.D.S.*
*Portland, Ore.*

### OEC

Regarding the Dec. 11, 2006, ADA News article concerning the new orthodontist's disappointment ("His Dream Derailed?"): My father, years ago, used to say, "Anything that seems too good to be true usually is."

Re-worded, that says that which appears to be too good to be true probably is not true and should be approached with caution, if not skepticism or outright disbelief.

Would that the words of our fathers be passed on and absorbed rather than our having to learn some of these things anew, time and time again.

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

### Reimbursement

I recently read the ADA News article regarding Dr. Jeffery O. Moyer's dental claims and the confusion regarding Delta Dental policies on payments to patients vs. dentists (Jan. 8 ADA News).

Delta Dental's policy on patient reimbursement is only a small portion of what insurance companies have in store for our profession. Although it created much confusion for the patients and dentists involved—to myself, many other non-PPO dentists and the insurance company—its purpose is crystal clear. They are simply doing whatever they can to achieve the same thing they have done in medicine, optometry and pharmacy. That is to take control of the profession in a similar manner.

*See LETTERS, page five*

# Letters

*Continued from page four*

To do this they must get as many dentists as possible in their network. They have many tools at their discretion to do this and in my home state of Alabama they have done an excellent job of using them. First, they tried to scare dentists into signing up by telling them that if they did not participate then their patients would go next door to Dr. I-Signed-Up. Those of us who did not sign up soon realized what the next step would be. If we do not sign up, then they may do something that makes the non-PPO dentist's life a bit more difficult.

Hence the policy for reimbursements on dental claims. Rather than do what is customary and pay the dentist (the worker) for the procedure, they decided that for non-PPO providers it would be better to send the reimbursements to the patients. Sending out hundreds of checks each month can create a collection problem for the dentist. In Alabama this has gone on for years, yet still some dentists have held out.

The most recent step was taken by Blue Cross and Blue Shield of Alabama and was a bit more drastic. Blue Cross and Blue Shield, by the way, is the largest "dental insurance administrator" in the state. We don't dare call them an insurance company in Alabama. What was that next step? If they couldn't get us to sign on, they did the next best thing. They created incentives for patients to leave non-PPO practices. How? They changed their reimbursement percentages and segregated those that are in network from those that are out of network. Those of us that are out of network now get reimbursed at a much lower percent than those that are in network. Rather than the insurance company pay a non-PPO for 70 to 90 percent of their allowable fee like they do the PPO dentist, in the state of Alabama they only pay 50 percent of their allowable fee. How? I am not sure but who's to say they won't drop that 50 percent down to 0 percent? Can you say "closed panel"?

In order to drastically increase their profits, insurance companies are determined to control health care. They want complete control over what they pay doctors and hospitals (the workers) while maintaining double digit annual increases in their premiums. Fewer dollars going out, more dollars coming in equals greater profits. This policy of sending payments to patients rather than to the people who provided the health care service (the workers) is just one of their tools to accomplish their objective and is something many of us dentists have dealt with for years.

*Stephen Greenleaf, D.M.D.*
*Mobile, Ala.*

### Privilege to serve

I don't quite understand the content and intent of Dr. W. Braden Speer's letter (Jan. 22 ADA News). What is exactly meant by "placing" one group ahead of another group? We, in dentistry, have always placed groups ahead of other groups. We do this because of a perceived need, obligation or responsibility. One only has to consider Donated Dental Services, Give Kids A Smile, private sector faculty for general practice residencies, Doctors Without Borders, Medicaid dental services, community health centers and the list goes on. This is not discrimination but rather a privilege of our profession, to choose to provide care for the underserved and unserved of our country.

If government has not adequately funded our returning veterans, who have honorably served our country, they should be "placed" in a position that those of us who choose to can provide the necessary care. That is not discrimination. It's an honor to serve those who have served our country.

*Richard D. Riva, D.D.S.*
*Chatham, N.J.*

# MyView

*Continued from page four*

consultants support evidence-based dentistry, treatment protocols that follow accepted standards of best practice and ethical conduct in billing and record-keeping as the professional ideals to which we as dentists aspire, and against which we are measured.

By helping to encourage the practical application of sound science, dental benefit consultants advocate for quality dentistry with both dentists and insurers. Not only does dentistry itself win when such standards are upheld, but patients win because the dentist-consultant review reduces fraud, abuse and unethical record-keeping by a small minority of dentists whose conduct sullies the reputation of dentistry. Patients also win when evidence and best practices contribute to a reduction in health disparity by encouraging adherence to proven, measurable standards of care.

The organization that speaks for most dentist benefit consultants is the American Association of Dental Consultants. Many of our members are also members of the ADA and other dental organizations and many are in private practice, also serving as dental directors, clinical consultants, network managers, administrators and independent consultants for the insurance and dental benefit industry.

The AADC shares many of the ADA's concerns about issues that impact dentistry, including access to care; governmental health programs (Medicare and Medicaid); changing demographics in the general population and dental workforce; evidence-based care; the cost of health care benefits; the weakness of current dental delivery systems; the impact of new technologies; dental disease prevention; and the globalization of dentistry.

Last year the AADC invited Dr. James Bramson, ADA executive director, to speak at one of our meetings. He called for cooperative action by and between the ADA and the AADC in his keynote speech, and the AADC welcomes the opportunity to do just that. Our goal is to jointly meet the challenges of our rapidly changing profession and the evolving technologies that affect it. We invite any interested dentist to find out more about us.

*Dr. Robert Laurenzano, a certified dental consultant, is AADC president-elect and is in general practice in North Potomac, Md.*

# Government

# Dr. Shackelford promoted to HHS health policy post

**BY CRAIG PALMER**

*Washington*—Dr. Lee Shackelford, who opened a solo general practice in rural northwest Missouri in 1982 and later pursued a U.S. Public Health Service career, was promoted to a health policy post as executive assistant to the Department of Health and Human Services' chief public health officer.

A captain in the uniformed PHS Commissioned Corps, Dr. Shackelford will serve as the senior policy researcher and advisor to Adm. John Agwunobi, M.D., who won Senate confirmation in December 2005 as HHS assistant secretary for health and was immediately charged by the HHS secretary with the task of "improving corps readiness and deployment capability" for public health emergencies.

**Dr. Shackelford:** New post will involve advising on the readiness of medical, dental and other health officers regarding emergency preparedness and other mission priorities.

Dr. Shackelford said he will assist with "issues as they relate to awareness of the Commissioned Corps" and transforming the corps of medical, dental and other health officers "into a force that will more effectively meet our current mission of protecting, promoting and advancing the health and safety of our nation." He will advise on "mission-based and emergency preparedness and response efforts as they become apparent" and issues that involve the Commissioned Corps.

As a Commissioned Corps officer, Dr. Shackelford has been deployed in response to public health emergencies and served as deputy commander of a federal medical station in Meridian, Miss., in the aftermath of Hurricane Katrina. He recently was director of training and career development for the Commissioned Corps.

Dr. Shackelford's public health career after five years of private practice includes clinical dentistry with the California Department of Corrections, Federal Bureau of Prisons and Indian Health Service and dental administration in Greenville, Ill., El Paso, Texas, and Shiprock, N.M.

An ADA member, he also serves on the Academy of General Dentistry Council on Dental Care and is the PHS/AGD constituent president. ■



## Drug disposal guidelines target misuse, abuse

**BY CRAIG PALMER**

*Washington*—Unused, outdated pharmaceuticals on hand? Don't just toss them. New federal prescription drug disposal guidelines, issued for immediate effect as part of the administration's national drug control strategy, seek to balance public health and environmental concerns, said the Feb. 20 announcement from the White House Office of National Drug Control Policy.

The guidelines are posted at the Office of National Drug Control Policy Web site ("www.whitehousedrugpolicy.gov"). "Health care providers, pharmacists and family should be alert to the potential for prescription drug misuse, abuse and dependence," said Secretary Michael Leavitt of the Department of Health and Human Services, which jointly issued the guidelines with the Environmental Protection Agency and the ONDCP. ■

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# Dubai to welcome FDI

## Dentists worldwide broaden horizons, effect change

**BY STACIE CROZIER**

*Dubai, United Arab Emirates*—Modern city, desert oasis and tourism hub for the Middle East, Dubai will host the FDI World Dental Congress Oct. 24-27.

FDI President Michèle Aerden says the upcoming meeting will not only give international dental professionals an excellent scientific program with a platform of the best speakers worldwide, but also "the chance to discover a country, a culture and colleagues from other countries who will come to be their friends."

"Those who attend our meeting will find a great scientific program, an exhibition where they will see things they would never be able to see in their own countries and a chance to build friendships, partnerships and international relations," says Dr. JT Barnard, FDI executive director. "Through FDI Congress workshops and forums, dentists will be able to participate in building international policies while enjoying a different part of the world."

Dentists from around the globe unite at FDI Congress, said Dr. Burton Conrod, FDI president-elect. "When you attend an FDI Congress, you can see the difference countries both small and large can make through the FDI. We respect individual differences, but we are strong in numbers worldwide when we take a stand."

Those numbers, added Dr. Aerden, include some 1 million dentists from 140 nations—a sizeable voice for dentistry and oral health worldwide.

**Oasis:** Dubai offers visitors beautiful weather and scenery.

An example of FDI's unified voice, said Dr. Aerden, is its recent lobbying effort to put oral health on the agenda of the World Health Organization's upcoming meeting in May.

"For the first time in 26 years, oral health will be getting attention on a global scale. We will be able to reach government officials and ministers of health in order to help make positive changes for millions—even billions—of people worldwide. One nation alone would not have been able to accomplish this."

**FDI leaders:** Drs. Burton Conrod, president-elect; Michèle Aerden, president; and JT Barnard, executive director, visit ADA Headquarters in Chicago Feb. 23.

"FDI members recognize that we all have common problems, but our solutions may be different," said Dr. Conrod, former president of the Canadian Dental Association from Vancouver. "That's what makes our meetings so valuable—the chance to learn different solutions."

The FDI's hallmark symbol of international friendship, cooperation and understanding is its traditional Welcome Ceremony, says Dr. Aerden. "It is most peoples' favorite part of the Congress and a unique event that no one should miss."

Other special events will include Dubai Night, an evening showcasing local cuisine and entertainment; and the elaborate Gala Dinner.

The scientific program, Dental Diversity in the Land of Tomorrow, includes 75 courses, workshops and forums covering clinical topics, practice management issues, dental education developments, oral-medical topics, dentistry and the law and worldwide issues facing the profession. The FDI is a recognized ADA CERP provider and those attending can earn continuing education credits by attending scientific sessions.

The World Dental Exhibition will offer attendees the opportunity to see the latest dental products, equipment and services available from around the globe.

Dentists, team members and guests can enjoy the wonders of Dubai through five FDI-sponsored tours and four post-congress day excursions. Visitors can also enjoy terrific shopping, dining, golf and much more.

For a preliminary program, contact Josephine Szymczyk by calling toll-free, Ext. 2726 or e-mailing "szymczykj@ada.org". ■

# OSHA sees high risk for dentistry in flu pandemic

**BY CRAIG PALMER**

*Washington*—Dental and other members of the nation's health care team will be at "very high exposure risk" during a global influenza outbreak, says the government's first dental-specific guidance on preparing for pandemic flu.

ADA advisories posted in the ADA.org Avian Influenza (Bird Flu) topical listing and published in the ADA News say, "The first and most important step in preparation is the development of a plan that details what the office will do in response to a local influenza emergency." The topical listing says, "The best recommendations now are to be aware that this virus could spread and be prepared to encounter potentially infected patients." Also available on ADA.org is the ADA Legal Division examination of liability issues in an influenza pandemic.

The government document from the Occupational Safety and Health Administration is available online from the OSHA Web site ("ww.osha.gov").

Hard copies of the OSHA document, Guidance on Preparing Workplaces for an Influenza Pandemic, are being printed and are expected to be publicly available by March by written request from the OSHA Publications Office, 200 Constitution Ave. N.W., Washington, D.C. 20210; phone 1-202-693-1888 or fax 1-202-693-2498.

"It is important to note that there is currently no pandemic," the OSHA document says. "Thus, this guidance is intended for planning purposes and is not specific to a particular viral strain."

Released to the public Feb. 6, the OSHA guidance document classifies public health and health care as "critical infrastructure" and physicians, dentists, nurses and other health care and laboratory personnel at the highest of four levels of exposure risk. The document includes in the "very high exposure risk" group atop the occupational risk pyramid "health care employees (for example, doctors, nurses, dentists) performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, bronchoscopies, some dental procedures or invasive specimen collection)."

"The U.S. government has placed a special emphasis on supporting pandemic influenza planning for public and private sector businesses deemed to be critical industries and key resources," says the guidance document. "Critical infrastructure are the 13 sectors (including health care) that provide the production of essential goods and services, interconnectedness and operability, public safety and security that contribute to a strong national defense and thriving economy."

The document sets no new standards or regulations but advises employers with "very high and high exposure risk" that they may experience greater employee absenteeism than other lower risk workplaces. "Talk to your employees about resources that can help them in the event of a pandemic crisis." ■

## Norwood memorial contributions will support dental scholarships

**BY CRAIG PALMER**

The ADA Foundation is accepting memorial contributions in memory of Dr. Charles W. Norwood that will be used to support dental student scholarships (rather than the building fund as previously announced) at the Medical College of Georgia in his name. All contributions will be acknowledged by the ADA Foundation. The Norwood family and the designated charity will be notified of these expressions of sympathy.

Memorial gifts should be made payable to the ADA Foundation and mailed to: ADA Foundation, 75 Remittance Drive, Suite #1178, Chicago 60675-1178. Please include the note "Norwood Memorial" on your check.

Dentist/Rep. Norwood, a Georgia Republican, died at home Feb. 13 after an eight-year battle with disease. Gov. Sonny Perdue, also a Republican, set June 19 as the date for a special election to fill Georgia's 10th congressional district seat. Management of Rep. Norwood's congressional offices is under the direction of the clerk of the U.S. House of Representatives, according to the Office of the Clerk Web site. ■

# New ADA general counsel named

**BY JUDY JAKUSH**

Tamra Kempf, an antitrust attorney and litigator who has served the Association for the past nine years, was named Feb. 16 as general counsel and associate executive director of the ADA Legal Division.

In announcing the appointment, Dr. James B. Bramson, ADA executive director, lauded Ms. Kempf's successful tenure with the Association as an associate general counsel. "During her time here at the ADA, she has demonstrated exceptional judgment and leadership and has been a trusted legal advisor to the Divisions of Education and Licensure, Human Resources Department, Council on Dental Benefit Programs and Office of the Executive Director."

Said Ms. Kempf, "I am so excited about the opportunity to contribute to the ADA in my new role as general counsel. During the past nine years as an associate general counsel, I have found that the members, Board of Trustees, House of Delegates, volunteers and staff at the ADA clearly make the Association an astonishing and superb organization. The Legal Division team looks forward to continuing to provide sound legal advice and options."

Dr. Bramson also lauded Ms. Kempf for her cross-divisional work within the Association and for managing much of ADA's litigation.

Her extensive legal background covers 22 years, encompassing multiple areas of concentration in both the public and private sector. She began her legal career as an attorney at the Federal Trade Commission in 1985 where she gained significant experience in antitrust law, and she proceeded to become partner in two prestigious Chicago law firms: Peterson and Ross and Bell, Boyd and Lloyd.

**Ms. Kempf**

While in those firms, she handled a number of complex matters as one of ADA's outside attorneys. Her practice included litigation and counseling in health care, antitrust, employment and copyright.

Ms. Kempf holds a bachelor's degree in economics from Knox College, a master's degree in economics from University of Miami (Florida), where she also earned her juris doctorate.

Said Dr. Bramson, "Her unique education before law school, her legal training, the broad exposure to many Association areas while in private practice and during her nine-year tenure here and her leadership skills all have prepared her well for this position." ■



## Association names new ADPAC director

**BY CRAIG PALMER**

*Washington*—Kathleen B. Ford, partner in a leading campaign fundraising firm, is the Association's new director of political affairs/ADPAC. ADA Executive Director James B. Bramson announced the appointment effective March 12.

"I am delighted to become a part of the ADA team as director of political affairs," she said. "I look forward to working with my new colleagues to build upon the success of ADPAC (American Dental Political Action Committee) and to further enhance our advocacy programs."

"Kathleen comes to the ADA from a very successful career as a political fundraiser, most recently serving as partner in a firm that raised over $30 million for its clientele," Dr. Bramson said. "Among those clients were Sens. 'Kit' Bond (R-Mo.), Jon Kyl (R-Ariz.), John Thune (R-S.D.) and Norm Coleman (R-Minn.). In her position, Kathleen effectively managed a team of fundraisers, administrative staff and outside consultants.

"Despite the partisan nature of her firm, Kathleen is looking forward to continuing the bipartisan spirit of ADPAC as she puts her many skills to work in increasing both ADPAC revenue and the effectiveness of our grassroots program," said Dr. Bramson. "Please join me in welcoming Kathleen, and I am sure that you will get a chance to meet her at the Washington Leadership Conference." The annual springtime WLC is scheduled for April 30-May 2.

Ms. Ford, partner with Steven H. Gordon & Associates, lives in Chevy Chase, Md., with her husband. Her resume—"Assumed progressive levels of responsibility and compensation at one of the leading fundraising operations for federal candidates"—charts her SGA career from manager in 1999 to director, vice president and partner. She is a graduate of the University of Mississippi.

Frank McLaughlin, former ADPAC director (December 1990 through August 2006), is the executive director of the Maryland State Dental Association. ■

# SurePayroll's SureAdvisor helps in managing HR

Online payroll service provider SurePayroll recently introduced SureAdvisor, a convenient human resources center that offers business owners instant access to compliance protection, business forms and best practice guides.

Dental practices are subject to an array of costly HR challenges and risks, and it can be expensive to hire a full-time HR manager or spend valuable capital on outside counsel. With SureAdvisor, you can stay in compliance with government regulations and address HR challenges quickly and easily.

SureAdvisor includes:

• Compliance protection—You won't have to spend time researching ever-changing compliance laws, which can be altered without notification. SurePayroll provides you with an easy-to-use, customizable compliance packet of appropriate state compliance posters.

• HR Forms and Best Practice Guides—SureAdvisor's business forms library provides a robust package of HR and general business forms, such as employment applications and I-9s that can also be pre-populated with company and employee data from your payroll account.

• HR Alerts—SureAdvisor features a system that gives customers the ability to add their own customer alerts and reminders to meet their unique small business needs, or choose from a list of standard reminders for events like employee birthdays, anniversaries and compliance regulation updates.

SureAdvisor is seamlessly integrated with SurePayroll's online payroll processing system. It's available to all SurePayroll customers at no charge for three months. During that time, dentists can download compliance packets, business forms and HR information. After the trial period, the cost to subscribe is $6.99 a month or at a discounted rate of $69.99 annually.

"When you consider that competitors charge up to $80 for a single compliance poster, the choice is a no-brainer," says SurePayroll product manager Steve Kania. "SureAdvisor provides all the posters a dental practice could need, plus we do all the tracking of changes in government compliance for them and alert them to those changes," said Mr. Kania. SurePayroll is the only payroll service endorsed by ADA Member Advantage and offers special discounted pricing to ADA members. SurePayroll is dedicated to providing the friendliest, simplest online payroll experience, at a price dental practices can afford.

To contact SurePayroll, call 1-866-535-3592. ■

## ADA standards committees to meet

The ADA Standards Committee on Dental Informatics will meet March 13-14 in Atlanta at the Omni CNN Center Hotel.

SCDI subcommittee and working group meetings are set for March 13. The SCDI plenary meeting begins March 14 at 1:30 p.m.

The ADA Standards Committee on Dental Products and the U.S. Sub-TAGs for ISO/TC106 Dentistry will meet March 19-20 in New Orleans at the Hilton Riverside Hotel. The March 19 meeting will begin with combined SCDP Subcommittee/U.S. Sub-TAG Meetings. The SCDP Annual Meeting begins at 8:30 a.m. March 20 and the working groups will meet in the afternoons on March 20-21.

For more information, please contact Paul Bralower at 1-312-587-4129 or e-mail "bralowerp@ada.org". ■

## Our Legacy—Our Future adds two facilitating partners

The Illinois State Dental Society and the Illinois State Dental Society Foundation are the newest facilitating partners to join Dental Education: Our Legacy—Our Future.

Since its public launch last July, Our Legacy—Our Future has enjoyed a 30 percent partner increase, having welcomed an additional 18 new partners to the initiative. Together, these 79 total partners hope to collectively raise more than $500 million by 2014 to address challenges facing dental education.

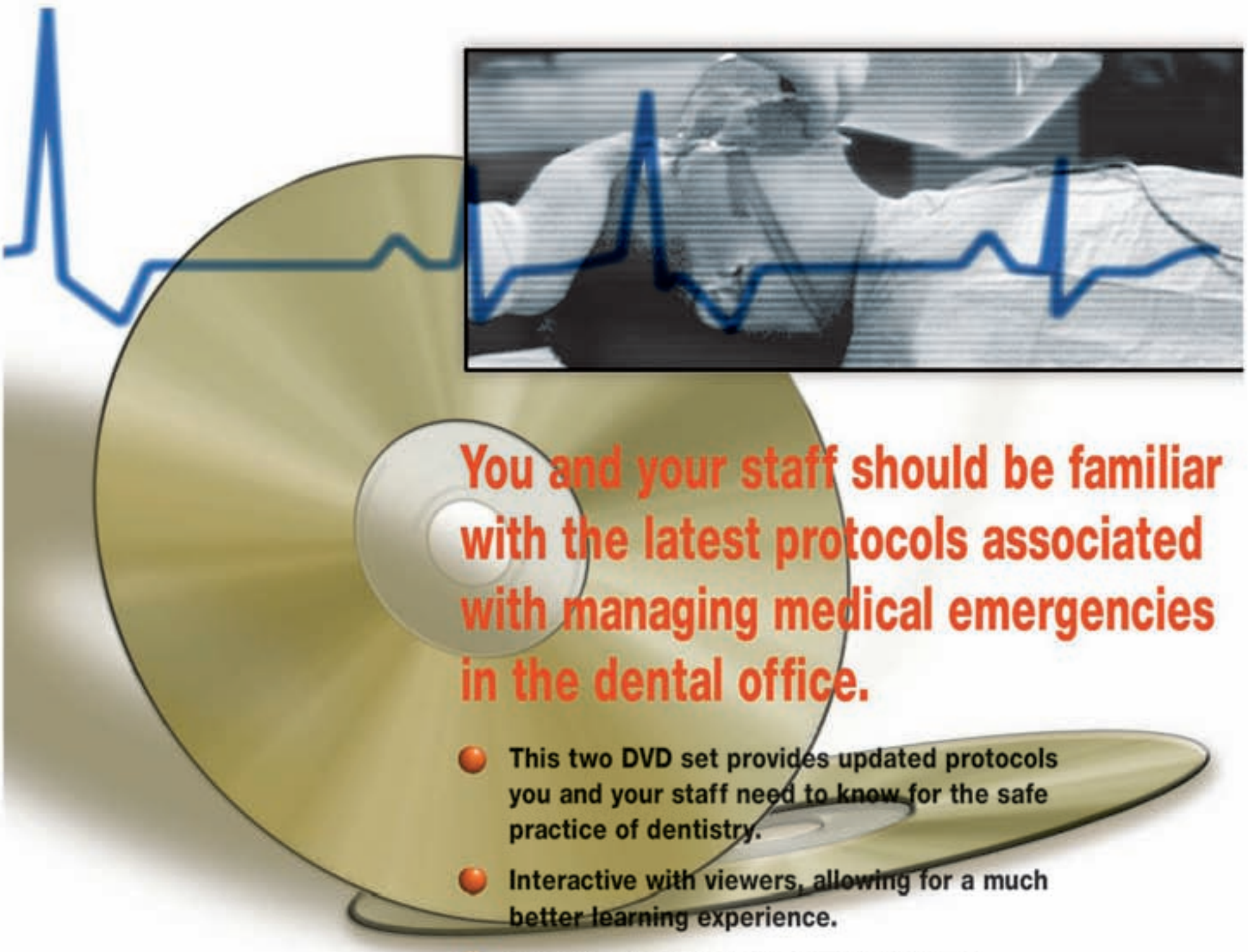
To learn more about this national initiative or to see if your dental school, specialty group or dental organization is part of this unprecedented effort, visit "www.ourlegacyourfuture.org". ■

## Science fair seeks dentists as judges

*Albuquerque, N.M.*—The Intel International Science and Engineering Fair 2007 is seeking judges for its health and medicine category, and dentists are encouraged to participate.

Judging dates for the premiere international showcase for top high school students are May 15-16 in the Albuquerque Convention Center. Training is available.

For more information, go to "www.intelisef2007.org". To become a judge, contact Dr. Marilyn Ketcham, a Farmington, N.M, dentist and co-chair of ISEF health and medicine at 1-505-564-4437 or "mvketcham@msn.com". ■



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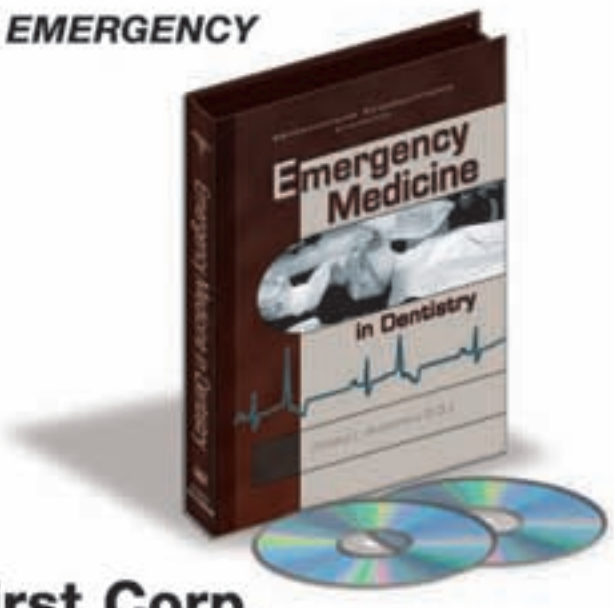


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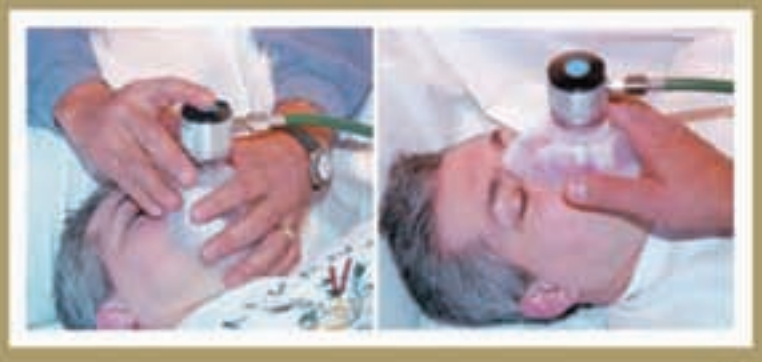


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# Dental Benefits

## ADA, NADP share views on claims processing delays

### 'Steps should be taken to ensure that payments are as prompt as possible'

This is the third installment of a series of ADA News articles on dentists' "Top 10" concerns submitted to the ADA about their dental claims. These articles include perspectives from ADA members, National Association of Dental Plan members and the Council on Dental Benefit Programs.

Claims processing delays and requests by payers for additional information were among the most frequent concerns ADA members complained about to the ADA during 2005.

Dentist and dental benefits industry perspectives on dental claims denials were featured in the Nov. 20, 2006, and Jan. 8 ADA News.

Subsequent articles will cover the remaining nine of the "Top 10" concerns, which include lost attachments, bundling and down-coding, post utilization review, assignments to participating doctors only, provider contract issues and others. ■



## Claims Processing Delays

### Dentist perspective

Insurance payments are a key component in the income stream for many dentists, and when prompt payment is not received, dentists may have trouble paying staff and other administrative expenses.

The Council on Dental Benefit Programs believes that once professional care has been delivered to the patient the dentist deserves prompt financial compensation. Delayed or denied insurance payments may already affect the dentist-patient relationship; steps should be taken to ensure that payments are as prompt as possible.

Although 46 states have prompt-pay laws, those laws apply only to "clean claims," or claims submitted to third-party payers without any missing or wrong information. Many times clean claims are rejected for missing claim information that is clearly written on the claim form. Many dentists consider this a stall tactic by the insurance company in order to delay the payment to them.

Third-party payers often dispute claims on the basis that services were not necessary or that a different procedure should have been done. Payment is delayed until the dentist provides additional information. Often the carrier asks for more information or clarification of the information submitted. Resubmitting these claims is often a time-consuming and costly process for the dental office.

According to CDBP, any delay in claims payment is compounded by the cost of collection activities, bad debt ratio, as well as the time value of money to the practice.

The ADA, through the CDBP, has been working with the NADP to try to improve the efficiency and speed of claims settlements and thus improve dentist-patient, patient-carrier and dentist-carrier relationships. The ultimate goal has been to reduce unnecessary and unsolicited submissions, which is a growing problem and expense for dentists and carriers.

Many dentists believe that all claims should be thoroughly reviewed before a request for additional information is sent to the dentist. They also believe that when a consultant requests additional information to process the claim, the claim processing should be expedited once that information is received. ■

# Claims Processing Delays

## Dental benefits industry perspective

Payers are aware of the importance of claims payments to dentists. The dental insurance industry processes more than 250 million claims annually with about 70 percent being auto-adjudicated, which means processed with computerized decision logic that is linked to the provisions of an employers' group policy. Auto-adjudication is used with both electronic claims and paper claims to improve processing speed and identify claims that require staff review. Paper claims are either scanned or keyed into the system. Handwritten entries on claim forms, light print or unclear copies may result in some information not being captured from the original paper submission. As in any system, the complexities involved in claims processing can create misunderstandings as well as break down.

**Regulations and employer group requirements:** Payers are regulated by the states for prompt payment of claims. This is not only required by law in many states, but is actually part of performance guarantees mandated by many large employer groups.

Performance guarantees are a tool by which these employers identify claim processing timeliness and accuracy rates which the payer must meet. Failure to do so results in penalties, such as financial fines or loss of the employer as a client.

In self-funded situations, employers determine covered benefits and how quickly claims are processed and paid since the employer's money is at risk. About 37 million Americans are enrolled in dental plans through employer self-funded groups. This is 26 percent of the private market for dental benefits. In these cases, the payer performs as a dental administrator and is obligated by contract to process claims within the time frame specified. These groups are regulated under federal law—Employee Retirement Income Security Act of 1974—not state law.

Industry data shows that 93 percent of all dental claims are processed within 10 days—well below the time required under the typical state "clean claim" laws. Payers do not want to handle claims multiple times nor is there an advantage in delaying payment because delays:

- add to the cost of administration;
- create complaints from dental offices and consumers;
- impede the payer's ability to meet performance guarantees.

**Claims processing pitfalls:** The ADA claim form is the prime document that conveys what was done, when and to whom, and acts as the bill to ensure the dentist is paid. The clear and complete form should result in prompt and accurate reimbursement. Payers find that some common information which is needed for the adjudication process and coordination of benefits is often missing (See NADP on claims processing pitfalls, page 16).

It is also common for periodontal charting and X-rays to be missing from claims (when required). Payers recognize that it can be difficult to check each payer's requirements for attachments. NADP has partnered with National Electronic Attachment, Inc. to create a single online portal for dental offices to check payer attachment requirements. This portal, NEA FastLook, was launched in January and can be found at "www.nea-fast.com".

In addition to missing attachments it is not unusual for a payers to receive claims with outdated Code on Dental Procedures and Nomenclature codes. This requires that the claim be reconciled to CDT 2007 which payers are required to use under federal HIPAA law and can cause delays.

Another common claim submission error is for the payer name or code to be reported incorrectly. This may be due to outdated practice management software or submitting through vendors that have not updated their lists. One clearinghouse reported that 9,258 claims were submitted by 3,883 dental offices in one month under a payer name or code that had not existed for more than five years. Clearinghouses have created databases to get these claims into the system, but the use of outdated information does create delays for some claims.

Another issue payers face is receiving claims for other payers. Often this results from mailing large batches of claims in a single envelope. To comply with privacy laws, the payer must return these claims directly to the dentist.

**Reviews for dental necessity:** In limited instances (less than 5 percent of claims) there may need to be a review for dental necessity. Dental necessity is a provision in many dental benefit policies, but may not be utilized by every payer. Some payers have dental directors or dental consultants who are licensed dentists to review specific claims. A discussion of claims denials was published in the Nov. 20, 2006 ADA News. The most common reasons for denying a claim for dental necessity are extraction of asymptomatic third molars, osseous surgery in the absence of sufficient pocketing/bone loss, and crown buildup when enough tooth structure is present to retain the crown.

Requests for additional information such as X-rays, further narratives and diagnostic materials usually occur when there is some question on a particular procedure or this information is not initially submitted. When this need arises it is not because payers are trying to discern the course of treatment, but do need to know if the procedure performed falls within the definition of the patient's coverage.

Similarly reviews for dental necessity are not intended to interfere or disagree with the clinical judgment of the attending dentist but rather to identify whether the procedure performed falls within the parameters of the patient's coverage. ■

*—Compiled by Arlene Furlong*

## NADP offers 12 tips to minimize claims processing delays

- Use the notes section of the claim form only when necessary for explanation of procedures performed.
- Use the current payer name or code.
- When sending groups of claims in a single envelope be sure that all claims are for a single payer and that attachments for particular claims are secured to the appropriate claim.
- Consider use of electronic payment which eliminates many of the common errors and resulting delays.
- Notify payers of changes in tax identification number or address.
- Use the most current CDT terminology for procedures performed.
- Include the relationship of the patient to the insured.
- Include tooth number, quadrant and surface information.
- Include missing teeth information, if applicable, to covered procedures.
- Include prior placement information for crowns and bridges.
- Attach narratives, X-rays and periodontal charts when applicable.
- Use updated practice management software. ■

## NADP offers dental benefits industry insights on claims processing pitfalls

The National Association of Dental Plans says dentists will be reimbursed more quickly if they include the information below on their dental claim forms.

• Attending dentist information should include dentist's name, address and tax identification number (TIN). If any of this information has changed from the last submission, or if the payer was not informed of the change, a delay can occur while verification of correct data is made.

• Patient information should include patient's full name, identification or member number and date of birth and relationship to the insured person (self, dependent or spouse).

• Date of service should be the day on which the service was performed.

• CDT Codes of services performed—Dental claim logic systems are designed to read approved, current CDT codes (CDT-2007) according to their definition. Internal codes, outdated codes or codes that are considered an integral part of another procedure can delay a claim while research is conducted.

• Tooth number or quadrant along with the surface, if appropriate, are required to identify where procedure was performed.

• Missing teeth information should be reported on claims for periodontal, prosthodontic (fixed and removable), or implant services procedures, if covered.

• Prior placement date for crowns, bridges—In as many plans as have frequency limitations on crowns and bridges, it is important to indicate whether this is an initial placement in the claim form box provided.

If not an initial placement, the prior placement date should be indicated and an explanation included in the narrative. This is a particular problem when older versions of the ADA claim form are utilized.

• Narratives are an essential ingredient to help the treating dentist explain why a certain procedure was recommended. Payers will not try to validate the course of treatment but will assign benefits according to the plan purchased for that particular patient. If it isn't part of their benefit design, then the dentist can charge the member accordingly.

• Coordination of benefits—If the patient is covered by more than one dental carrier, or if the procedure is also covered under the patient's health plan, include any explanation of benefits or remittance notice from the other payer.

Payers are required by state law or regulation to coordinate benefits when more than one entity is involved—this is not a payer choice. The objective is to ensure the dentist is reimbursed appropriately by the proper payer first (primary) with any other payer coordinating the benefit on the balance.

• Notes—The notes section of the claim form should only be used to provide additional explanation of the procedures performed.

For most payers information included in this section will remove a claim from auto-adjudication, thus delaying the processing. A common note added to claims is "Please pay promptly." Adding this note actually has the opposite effect—delaying the claim. ■

Dental Benefits

# Dentists can provide care to Special Olympics athletes

**BY STACIE CROZIER**

*Washington*—Dental professionals who volunteer for Special Olympics Special Smiles—part of the Special Olympics Healthy Athletes program—can increase access to dental care for Special Olympics athletes, as well as all people with intellectual disabilities.

"Access to and the ability to receive care is the No. 1 health problem for children and adults with disabilities," said Dr. Steven Perlman, Special Smiles global clinical director. "Special Smiles has created an awareness that will hopefully change the disparities for this population."

"Special Smiles," he added, "is big, and growing by leaps and bounds. We now have 130 events each year in more than 40 countries."

Dental screenings are used to increase awareness of the state of the athletes' oral health for the athletes themselves, as well as their parents and/or caregivers. At a Special Smiles screening, Special Olympics athletes are provided with:

• hygiene education to help ensure adequate brushing and flossing;

• goodie bags containing toothbrush, toothpaste and floss;

• nutritional education to understand how diet affects total health;

• list of dentists/clinics in their area who will treat patients with special needs;

• free mouthguards (at most locations) for athletes competing in contact or high-risk sports.

"We assure you that your participation will be gratifying both professionally and personally," said Dr. Mark Wagner, SO vice president, health programs, as well as a retired pediatric dentist and dental educator. "And you can make a profound difference in the level and quality of care for people with intellectual disabilities."

Special Smiles events are held in the state/provincial, national or regional Special Olympic Games around the world. For more information or to find an event in your area, log on to "www.specialolympics.org" or contact Shantae L. Polk, manager, Special Smiles, at 1-202-628-3630. ■

# Kuwait eyes fluoridation

## International symposium participants exchange ideas

**BY STACIE CROZIER**

*Kuwait City, Kuwait*—With a vision of a fluoridated oasis for the future, more than 160 people from around the globe gathered here Dec. 11-13, 2006, at the invitation of the Kuwait Foundation for the Advancement of Sciences to brainstorm on effective community caries prevention for the nation's and the region's residents.

The symposium, organized by the Research Directorate, Water Resources Program of KFAS, was a follow-up meeting to its 1996 fluoride symposium. Its goal was to address the need for caries prevention in view of apparent increases in caries prevalence and following discontinuation of water fluoridation in Kuwait.

"KFAS has organized this symposium to provide a platform for national, regional and international experts to deliberate and update concerned water and health authorities on the issue of water fluoridation and health with a view of promoting dental care in the state of Kuwait, especially for schoolchildren," said Prof. Ali A. Al Shamlan, director general, KFAS, in his opening address. "I am confident that the symposium will provide a broad and extensive perspective on the main subject of fluoridation and health, ranging from social, medical, economic, technical and environmental aspects. This is a good opportunity to exchange ideas and views in addition to examining the evidence available in order to arrive at conclusions and recommendations that will benefit the entire region."

ADA National Fluoridation Advisory Committee member Dr. Jay V. Kumar, director, Oral Health Surveillance and Research for the New York State Department of Health, presented a review of the effectiveness of water fluoridation over the past 60 years in the U.S. and examined issues related to effectiveness, level of fluoride in water and occurrence of enamel fluorosis.

"My impression is that successful policies and programs promoted in other countries will encourage Kuwait to focus more on preventing oral diseases," said Dr. Kumar.

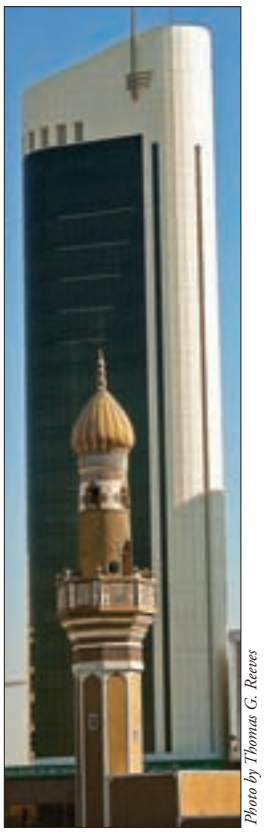


Photo by Thomas G. Reeves

**Old and new:** Kuwait's skyline features a variety of architectural styles.

Fellow NFAC member Thomas G. Reeves, retired national fluoridation engineer at the Centers for Disease Control and Prevention, Division of Oral Health and director, TGR Consulting, LLC, made a presentation on the technical aspects of water fluoridation.

"The meeting was well organized and was a big success," said Mr. Reeves. "The meeting showed there are still many places in the world where there is a real need for water fluoridation."

Additionally, Jane McGinley, ADA manager, fluoridation and preventive health activities, gave a presentation on Fluoridation and Community Issues and KFAS provided each participant with a copy of the ADA's Fluoridation Facts, the 71-page resource for fluoridation benefits, safety, public policy, cost effectiveness and more.

Experts covered experiences and issues including water fluoridation, salt fluoridation, milk fluoridation, topical fluoride, health and community issues, Gulf Cooperation Council states' experiences in fluoridation, oral health status and caries prevention, cost effectiveness and technical and engineering aspects.

Participant work groups focused on the situation in Kuwait and the other GCC states, and submitted recommendations that included reintroduction of water fluoridation in Kuwait and use of fluoridation through water, where feasible, due to the extensive use of desalination and remineralization of water supplies in the region. In accordance with WHO recommendations, other vehicles to help prevent caries at the community level were to be considered if water fluoridation could not be effectively implemented.

Recommendations were also made for action by ministries of health, education; the health care systems; parents and schools; dental organizations and dental schools. These were to be implemented in a combined effort to improve prevention of dental disease and improve oral health.

A program and list of speakers is available online at "www.kfas.org". Final recommendations are expected soon.

The ADA's Fluoridation Facts booklet is a comprehensive encyclopedia of fluoridation facts with over 350 scientific references. This ADA booklet includes information from scientific research in an easy to use question and answer format on the topics of effectiveness, safety, practice and cost-effectiveness of fluoridation.

It is available through ADA Salable Materials at 1-800-947-4746 or online at "www.adacatalog.org." Cost for members is $11.95; nonmembers, $17.95. Ask for catalog Item J120. ■

ADAReports

# It's time to get your NPI

## ADA urges testing before May 23 deadline

**BY ARLENE FURLONG**

"Anxiety over the NPI is a lot greater than dealing with its reality."

So says Dr. Alan E. Friedel, chair of the Council on Dental Practice. He's among some 94,266 dentists the ADA estimates will be ready to file electronic transactions with their national provider identifiers on May 23, as required by the federal Health Insurance Portability and Accountability Act.

According to the ADA Department of Dental Informatics, the only dentists who have anything to worry about related to the NPI are those who aren't ready for the deadline. They may face a potential disruption in claim payments.

To be ready, dentists have to first obtain an NPI and then successfully test those numbers with business partners who will need it to pay benefits or facilitate delivery of health care. (See "How to," this page.)

"As soon as dentists obtain an NPI, they should begin identifying key partners so together they can determine testing strategies," says Jean Narcisi, director of the ADA Department of Dental Informatics.

Key partners are any businesses that need an NPI from a dentist or dental practice to facilitate payment of benefits and/or delivery of health care. These include dental plans, clearinghouses, systems vendors, billing services and other health care providers. Laboratories and pharmacists should be included with the group of key partners who may need NPI information.

Although these entities may contact dentists first to request their NPIs, dentists will want to know the status of all of their business partners' readiness to comply with the NPI requirement.

For dentists, the first business partner to contact may be their practice management system vendor. While many practice management systems will have the capability of including the NPI, others may still be developing it. Dentists should know what their vendors' capabilities are. Ms. Narcisi explains that dentists and payers may not know if there is a problem with an NPI until it is tested.

"If the number is manually inserted, it has to be entered correctly. If it's added to the practice management system and is automatically included on the claim form, it needs to be verified that it was entered correctly and that it can be transmitted correctly," says Ms. Narcisi. "The best way to determine this is to allow time for testing."

During the initial testing period, some payers may request that dentists submit both their current identifiers and their NPIs, so payers can couple the NPI in the claims system with the legacy identifiers.

Dentists who have already begun testing have learned that an incorrect NPI may not be linked with their current legacy numbers for proper



## How to apply for an NPI

Dentists are reporting that it takes some 20 minutes to apply for a national provider identifier from the National Plan and Provider Enumeration System.

Visit "https://nppes.cms.hhs.gov" to submit an application.

After receiving confirmation of receipt, the NPI will arrive via e-mail in one to five business days. Processing of paper applications and NPI receipt from the U.S. Postal Service typically takes 20 business days.

For help with the process e-mail "customerservice@npienumerator.com" or call 1-800-465-3203.

For more information go to "www.ada.org/goto/npi". Questions, comments or concerns may be directed to "NPI@ada.org".

Those without e-mail or members who would prefer to talk to a staff member may call the ADA directly and ask for Ext. 4608. ■

identification and may be returned by payers for correction and resubmission.

After the NPI is successfully received it will no longer be necessary for dentists to send in both identifiers after May 23, 2007. Dentists will be able to send in only the NPI on future transactions. (See article on how to enter the NPI on the ADA claim form, this page.)

According to the ADA Department of Dental Informatics, the NPI may have some advantages over identifiers now in use. For example, once implemented across the health care industry, the NPI will be accepted by all dental plans as a valid provider identifier on electronic dental claims and other standard electronic transactions. Dentists will not have to maintain multiple, arbitrary identifiers required by dental plans, nor will they have to remember which number to use with which dental plan. Dental informatics experts believe the NPI may improve transaction acceptance rates by introducing an important element of standardization to electronic transactions.

Some dental plans are already requesting NPIs to begin testing. Look to an upcoming issue of the ADA News to learn how far along dental plans, clearinghouses and dentists are in that process. ■

## What is an NPI?

The NPI is a 10-digit standard identification number that will replace the current provider identification information used—usually referred to as legacy identifiers. It will be required on all HIPAA standard transactions.

Dentists who only use paper, voice and fax to transmit these communications may find NPIs on paper claims useful for other reasons, such as benefiting from a single standard identifier that will replace several legacy identifiers, or it may be required in some states to use NPIs on paper claims. ■

## Am I a Type 1 or Type 2?


There are two types of NPIs available to dentists and dental practices—Type 1 and Type 2.

Type 1 enumeration distinguishes an individual provider as a health care provider who is operating independently. All dentists are eligible to apply for a Type 1 NPI, regardless of whether or not they file electronic transactions and are required to have an NPI under HIPAA.

Type 2 enumeration is for a health care provider that is an organization, such as a hospital, clinic, group practice or corporation, including incorporated dental practices.

Type 2 organization providers may wish to also enumerate their individual provider employees as Type 1 providers to distinguish them individually to avoid possible delays in payment.

Payers may want the individuals in the organization to obtain NPIs for mapping purposes or developing directories for their dental plans. ■

## What is a HIPAA standard electronic transaction?

A HIPAA electronic standard transaction is a communication about claims or benefits-related information that exists in some kind of electronic media such as a tape, disk, hard drive, back up or flash card and is either physically transported while in that electronic media, or transmitted via Internet, extranet or private or leased line to another computer for processing. The most common HIPAA standard electronic transactions used by dentists are electronic claims and eligibility inquiries.

Other HIPAA standard electronic transactions used by dentists include electronic remittance advice and claim status inquiries. Communications by typical stand-alone fax machines and voice communications by telephone are excluded. ■

## How to use the NPI on the ADA claim form

The current version of the ADA Dental Claim Form has separate fields to enable reporting both an NPI and a plan issued provider identifier for the billing dentist (items 49 and 52a) and for the treating dentist (items 54 and 58).

Prior versions of the ADA claim form can accommodate reporting only one provider identifier for the billing dentist and one for the treating dentist in items 49 and 51 respectively.

A dentist using a prior version of the form will have to determine which provider identifier—either an NPI or a plan-issued provider ID to report. That decision may be influenced by any participating provider agreement or state regulation in force. ■

# Acid Erosion Exposed

The 20th century saw huge advances in dentistry and major improvements in oral health. Treatments for caries and periodontal diseases have been introduced, and fewer teeth are restored or extracted. The longevity of the natural dentition has been extended for many more people.[1] Dental professionals are now seeing patients whose teeth are showing signs of increasing tooth wear.[1] Tooth wear is strongly linked to the consumption of acidic foods and drinks. These demineralize and soften the tooth surface, making it more susceptible to abrasion, particularly by brushing.[1,2]

### *The modern diet paradox*

Modern diets are often rich in acids from a wide range of sources. Notably, many fruits, fruit juices and carbonated drinks — including the sugar-free variants[2] — have a low pH, sufficient to soften and demineralize enamel surfaces at approximately pH 5.5 and below, and dentin at pH 6.5 and below, depending upon other factors such as titratable acidity, and calcium, phosphate and fluoride content.[1]

Acid temporarily softens the surface of the enamel. It is a process normally mitigated by the natural action of saliva due to the presence of calcium, but frequent or prolonged acidic encounters leave less time for remineralization to occur. In this weakened state, surface enamel is prone to wear from the abrasive action of toothpaste and tooth brushing.[1]

In its early stages tooth wear is often not addressed. However, as it progresses tooth wear can result in loss of enamel surface and dentin hypersensitivity.[3] Yet many people remain unaware of the consequences of tooth wear and the measures that can be taken to protect teeth from this slow and insidious process.

At any stage of tooth wear, dentin hypersensitivity may occur. This could range from infrequent twinges during consumption of hot, cold or sweet foods, through to fairly continuous sensitivity readily provoked by the mildest of stimuli. Occasional sensitivity may go unreported by the patient during routine examinations.

### *Possible Signs and Symptoms of Tooth Wear*[2]

| | |
|---|---|
| **Luster & Texture** | Tooth surface loses its luster and texture, becoming smooth as the enamel wears away. |
| **Color** | Tooth appears yellow as thinning enamel allows the deeper colored dentin to show through. |
| **Translucency** | The incisal edges become thinner, and there may be an increased translucency of incisors. |
| **Structure** | Small cracks and minor fractures appear on weakening incisal surfaces, resulting from thinning of the tooth structure. |
| **Cracks** | Restorations may appear high. Notch-shaped spaces appear cervically and the occlusal surfaces become cupped or cratered. |

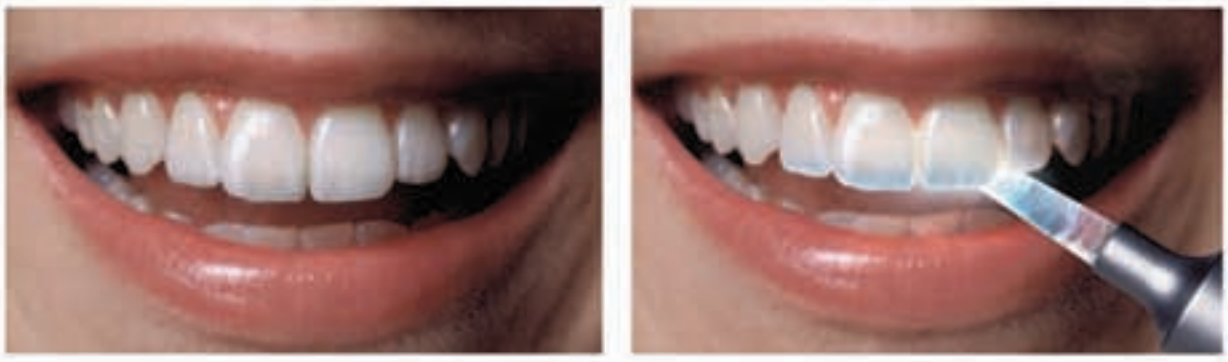
Currently, tooth wear normally only reaches a diagnostic threshold when restorative dentistry is indicated. Improving recognition of the early signs and symptoms is crucial if effective preventative measures are to be taken.[1]

Visit www.dental-professional.com/pronamel for more information about tooth wear, its causes and how to detect the condition.



[1] Zero DT. "Erosion – Chemical and biological factors of importance to the dental practitioner." Int Dent J (2005) 55. 285-290. [2] Lussi A. "Erosive Tooth Wear – A Multifactorial Condition of Growing Concern and Increasing Knowledge." Monogr Oral Sci. Basel, Karger, 2006, 20. 1-8. [3] Bartlett, DW. "The role of erosion in tooth wear: aetiology, prevention and management." Int Dent J. (2005) 55. 277-264.

# Healthy smile
# or hidden damage?



Images adjusted to illustrate clinical situation

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# New 'open' category added to Golden Apple Awards

**BY KAREN FOX**

There's something new with the ADA's Golden Apple Awards Program.

This year, component and constituent societies are invited to submit entries in the "Open Category," which recognizes one constituent and one component society for an innovative and successful program that doesn't fit into any other existing Golden Apple Awards category.

Examples of possible entries include innovations in peer review, dental society anniversary celebrations, dental society assistance in the aftermath of natural disasters, creative uses of technology and other "out-of-the-box" programs.

Now in its 19th year, the Golden Apple Awards Program is a unique opportunity for constituent and component dental societies to gain valuable recognition for their leaders, members and staff. There are 10 different categories, some with subcategories, for dental society participation:

- Legislative Achievement;
- Excellence in Membership Recruitment and Retention Activity;
- Excellence in Dental Health Promotion to the Public;
- Excellence in Member-Related Service/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;
- Open Category;
- Inspiring Careers in Dental Education.

Programs and activities represented must have been produced between June 1, 2006, and May 31, 2007. For the Excellence in Dental Health Promotion to the Public category, programs and activities must have been produced between May 1, 2006, and April 30, 2007.

Two additional Golden Apple categories judged by the Committee on the New Dentist—the New Dentist Leadership and the Outstanding Leadership in Mentoring awards—have a deadline of Dec. 31, 2007.

The deadline for the "Excellence in Dental Health Promotion to the Public" category is May 1, 2007 to coordinate with ADA council meeting dates.

The "Inspiring Careers in Dental Education"—formerly known as the "Outstanding Mentoring of Dental Students and/or Junior Faculty Interested in Academic Careers"—category is now open to nominations from not only constituent and component dental societies, but other dental organizations and members at large.

Entry forms may be downloaded from "www.adadentalsociety.org". Mail entry forms and supporting materials to: ADA Dental Society Services, 211 East Chicago Ave., Chicago 60611.

Entries for the "Excellence in Dental Health Promotion to the Public" category must be postmarked by May 1, 2007, and received no later than May 7, 2007.

Entries for all other categories must be postmarked by Friday, June 1, 2007, and received no later than June 7, 2007. ■



## Seeking to expand management skills, business acumen?

Registration is now open for the ADA/Kellogg Executive Management Program for Dentists.

Offered jointly for the third consecutive year, the program is specially designed for dentists seeking to broaden their management knowledge from one of the nation's premier business schools.

With content based on the core curriculum of Kellogg MBA students, study areas include business strategy, organizational leadership, marketing, finance, accounting, economics, quantitative methods and information systems. The deadline for registering is May 31.

The program consists of three sessions conducted at Northwestern's Chicago campus. Separated by seven-week intervals, the sessions are set for July 20-25, Sept. 15-20 and Nov. 1-5. An advanced session for participants who have already completed the program takes place July 21-26.

Kellogg School of Management

Upon completion, participants receive a Northwestern University Kellogg School of Management certificate and continuing education hours.

In addition to learning from world-renowned Kellogg faculty, participants have the opportunity to build a network of lifelong relationships with colleagues and business professionals.

Class size is limited. Application materials and program details are available for viewing and downloading at "www.ada.org/goto/kellogg" or by contacting Connie Paslaski at Ext. 3541 or "paslaskic@ada.org". ■

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# Pilot

*Continued from page one*

health through organized and dental coordinated community-based promotion and prevention programs. The committee envisions CDHCs working in underserved communities as a member of a team led by a dentist, enabling the existing dental workforce to expand its reach deep into underserved communities and influence local health and community organizations to adopt initiatives to promote oral health.

"What we are doing is seeking to train individuals from the communities that are impacted by access to care issues," said Dr. Bob Brandjord, committee chair and ADA immediate past president. "This would be an individual who has the cultural competency to understand the communities, has knowledge of the health care system and can bring the patients in need into proper agencies."

Among the skills a CDHC will have are the abilities to process and interview patients; orient patients to partner agencies for care; help patients navigate the oral health system; perform specific preventive care services; and conduct outreach and community health care promotion.

Studies have shown that community health workers are cost-effective in managing care for chronic disease, said Dr. Brandjord.

"We believe dentistry can do even better due to our ability to prevent decay, periodontal disease and oral cancer," he added.

The committee recently issued a call for letters seeking interested schools, institutions and other organizations for developing the model curriculum and serving as pilot training sites. Colleges, universities, dental schools, vocational-technical schools, technical institutes, federal service training centers, hospitals, community health centers and federally qualified health centers may submit letters. The workforce committee's goal is to have three pilot programs: in a rural area, an urban area and the Indian Health Service.

Weighing heavily into the selection of pilot programs will be the presence of a state coordinating committee dedicated to supporting the program.

**Dr. Brandjord**

"We are looking for a coordinated effort among stakeholders," said Dr. Brandjord. "That includes the state board of dentistry, the state or local dental societies, and an educational program accredited by the Commission on Dental Accreditation."

Developing the model CDHC training program is well under way.

Members of the workforce's curriculum committee—chaired by Dr. Amid Ismail, a professor in the University of Michigan's Department of Cariology, Restorative Sciences and Endodontics and past chair of the ADA Council on Scientific Affairs—have expertise in dentistry, dental education, public health, instructional design and program evaluation.

The committee also has representatives from the fields of dental education, public health, health promotion, dental hygiene education and military dentistry.

The ADA Foundation funded this phase of the program, which includes a component for modular education that enables community health care personnel and other members of the dental team to become CDHCs, if so inclined.

The workforce committee continues to work toward identifying funding for the pilot programs. (See story, this page.)

Will these efforts be successful in stemming need for access to care programs? It's a good start, said Dr. Brandjord.

"The effect of the CDHC model is that it gets to the people in need. CDHCs will be trained to have skills in communication, advocacy for oral health and improving oral health literacy. They will be trained to provide specific dental preventive care, including temporizing cavitated lesions, based on the decisions made by the supervising dentist.

"The bottom line," he continued, "is that we are creating a community health worker with dental skills who will promote healthy living and prevention, and help patients access the delivery system."

To download the call for letters document and details on the CDHC program design and implementation, the letters of intent and submission guidelines, go to "www.ada.org/prof/center/feature_member_cdhc.asp".

The deadline for submissions of letters of interest is April 7. ■

## Seeking support for pilot programs

Workforce

Do you know of an organization or foundation that might be interested in partnering with the ADA to create the model for the community dental health coordinator program?

The ADA is now seeking funding for pilot programs.

Sources could be foundations, state or federal agencies, or even state dental associations, said Dr. Bob Brandjord, chair of the Workforce Models National Coordinating and Development Committee.

Funding will be required in order to conduct pilot training programs at more than one site.

Send suggestions to Dr. Brandjord via ADA staff member Karen Hart at "hartk@ada.org" or fax to 1-312-440-2915. ■

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# Leaders

*Continued from page one*

"To hear the challenges that other presidents-elect have and what they've done, to share some information about what's going on in our state, it makes the world seem a little bit smaller and more collegial," added Dr. Gary Crawford, president-elect of the Utah Dental Association.

Tying conference topics together were themes explored in "7 Measures of Success," a book that highlights remarkable associations, including the ADA.

"We kicked off the conference with a session on knowledge-based decision-making and explored concerns across the tripartite, such as workforce, access to care, the National Healthcare Information Infrastructure, ADA membership categories, dental restorative materials and public affairs," said Dr. Feldman.

**Collaboration:** Dr. Robert Hersh, president-elect, New Jersey Dental Association, and Dr. Jamie L. Sledd, president-elect, Minnesota Dental Association, share challenges facing their states during the Presidents-Elect's Conference Jan. 29.

Participants learned how to facilitate a mega-issue discussion, identify members' and the public's needs in these areas, and ways to collaborate with common stakeholders.

"Then we looked at current ADA initiatives and determined what success will look like," said Dr. Feldman. "The presidents-elect can use those techniques within their own states and provide the ADA with feedback as well. This type of collaboration is the strength of the tripartite.

"This conference is the first in a series of leadership development programs that the Association offers for different segments of the tripartite," he added, naming the Leadership Team Workshop, Annual Conference on Membership Recruitment and Retention, the Dental Benefits Conference and the Management Conference.

As president-elect, Dr. Feldman has made a commitment to further the transparency of the Association as he did as treasurer. The conference accomplished that, he said, showing that the ADA fosters open communication and dialogue with members of the tripartite.

"This was another step in that direction," he said. "I think that the participants were enthusiastic right from the beginning about sharing information and encouraging openness among all levels of organized dentistry. I was very pleased with the outcome." ■



# Dental home

*Continued from page one*

chair, Council on Access, Prevention and Interprofessional Relations. "Increasingly the evidence suggests that early intervention can lead to successful prevention of dental disease, reduced cost of providing care, and ultimately the elimination of pain and suffering for children."

The flyer is one of many blossoming collaborative efforts begun with the ADA's first-ever Collaborative Strategies Conference held in April 2006. The ADA hosted the one-day meeting to encourage an understanding by the various groups in the dental family of common strategic goals and to explore how the ADA might collaborate with other organizations to further its own key strategies.

**The flyer is one of many blossoming collaborative efforts begun with the ADA's first-ever Collaborative Strategies Conference held in April 2006.**

The 2005 ADA House of Delegates defined the dental home in Res. 53H-2005: "Dental Home. The ongoing relationship between the dentist who is the primary dental care provider and the patient, which includes comprehensive oral health care, beginning no later than age 1, pursuant to ADA policy."

The Collaborative Strategies Conference gave the AAPD Foundation a chance to take a leadership role in promoting the importance of the dental home to others throughout the profession.

The informative brochure defines the dental home; offers dentists ideas on how they can make a difference for the health and well being of parents and children in their practice; lists AAPD recommendations for dental professionals; and highlights key messages they can disseminate to parents.

For more information or to download the brochure, visit the AAPD Foundation Web site: "www.aapdfoundation.org". ■

# Michigan prosthodontist celebrates 100th birthday

**BY JENNIFER GARVIN**

*Southfield, Mich.*—Dentistry has changed tremendously since 1929, but Dr. Arthur Victor's enthusiasm for the profession hasn't faded.

That was the year the Michigan prosthodontist graduated from the University of Michigan School of Dentistry. He celebrated his 100th birthday on Feb. 14.

He doesn't see patients as often as he used to, but turning a century is a source of pride, he said. He credits a lifelong passion for fitness with keeping him feeling like a man "20 years younger" and recently renewed his dental license.

"Dentistry will always be exciting," he said. "It's a great profession."

In October 2006, Dr. Victor received letters from the ADA, the Michigan Dental Association and his alma mater honoring him for his 77 years of service. He remains a proud ADA member.

ADA Executive Director James Bramson wrote and congratulated him on his lifelong commitment to dentistry and added, "You are—according to ADA records—the oldest practicing dentist and prosthodontist in the United States."

"Quite frankly, graduates like you are our most obvious source of pride," Dr. Peter J. Polverini, dean at UMSD, wrote in his letter.

Dr. Victor said he became a dentist at the behest of his mother who "wanted me to be in a place where I was the boss."

He set up his practice in 1929 in Detroit and later was an Army captain and dentist in World War II before returning to private practice—this time in Roseville, Mich. Although his son, Dr. Dean Victor, now runs the practice, Dr. Arthur still consults and still sees patients on occasion—usually by request. He has three other sons, one of whom is a retired dentist, and seven grandchildren.

"He really amazes me," Dr. Dean Victor said of his dad's longevity and sharp mind.

In 1964, Dr. Victor received recognition for creating a "tooth library" of different arrangements of wax teeth that were copies of natural teeth that could be inserted onto baseplates. When an arrangement was selected for a particular patient, permanent denture teeth were then custom-processed to replace them on the resulting denture.

He addressed the Chicago Dental Society that year, telling the audience, "patients want false teeth that do not look false. The true art of making dentures is to hide the art," reported the Chicago Daily News (which ceased publication in 1978).

It's not surprising that Dr. Victor considers the implant to be the biggest and most important change in modern dentistry.

"It's the best thing that's happened to dentistry. No question," he said.

Last fall Dr. Victor was honored by the Kingery Prosthodontics Study Club—an organization named after Dr. Victor's mentor, Dr. Richard H. Kingery, and which he helped found.

"I was overcome," he said. "I didn't expect it."

That same night he gave a lecture to an audience composed of practicing dentists, dental professors and graduate students of the Michigan dental school. Part of the lecture included a slide-show—the old-fashioned kind, not PowerPoint—of his unique approach to denture esthetics.

"They're not used to seeing a (then 99-year-old) man talk about procedures that aren't even done anymore," he said. "That was fun."

He still has his driver's license and works out every day. He credits exercise with his longevity.

"I've gone to the gym every day for as long as I can remember. Handball, squash, tennis—I wasn't the greatest athlete but I was good enough to play. Going to the gym is the highlight of my day."

He also enjoys watching TV, especially Oprah, calling her a "classy lady."

A correctable medical problem has kept him away from the gym as of late, but once he's healed, he can't wait to get back to the treadmill.

The rest of the time he hangs with his girlfriend, Mae, 89.

"She doesn't mind me being 100," he said. "We make a good couple." ■

**Still lecturing:** Dr. Arthur Victor, left, and Dr. Kenneth May, share a moment at the Kingery Prosthodontics Study Club meeting in October 2006.

# AccessUpdate

## Dental van rolling along in Massachusetts

*Southborough, Mass.*—The Massachusetts Dental Society Foundation is rolling out a program to provide free care to some 4,800 underserved children statewide in 2007 with its new Mobile Access to Care Van.

"The MAC Van is a response from organized dentistry that recognizes the access to care problem and is helping to get much needed oral care to children who might not otherwise receive it," said Dr. Alan Gold, MDS president. "The idea of bringing a dental office to children is one of the most exciting, challenging and rewarding programs that the MDS and its members have ever undertaken."

The 38-foot van has two fully equipped dental operatories where children age 18 and under may receive exams, cleanings, X-rays, fillings, fluoride treatment, sealants, simple extractions and other dental-related services. Families with children who need follow-up care after a van visit will learn more about their options through MDS programs like MassDentists CARE and state programs such as MassHealth.

In January, the van tooled to each of the state's 13 MDS districts to introduce its services to communities it will serve this year and began serving patients last month at locations like Head Start facilities, Boys & Girls Clubs and YMCAs. The van will also travel to community events like oral cancer screenings and mouth guard promotions.

*Photos courtesy of Massachusetts Dental Society*

**Van fans:** Youngsters attend a Mobile Access to Care floss-cutting ceremony Jan. 3 at the Boys & Girls Club of Lawrence, Mass.

The MDS Foundation hopes Massachusetts dentists support the program by volunteering to work on the van; accepting van referral patients in their offices; becoming a MassDentists CARE and/or MassHealth provider; and making a donation to the Foundation in support of the MAC Van.

**MAC Van:** The office on wheels reaches kids throughout Massachusetts.

The MDS Foundation acquired the van through a $250,000 grant from Procter & Gamble and the program is supported by a variety of other donor grants.

For details, contact Ellen Factor, program manager, by calling 1-800-442-8747, Ext. 228 or e-mailing "efactor@massdental.org". Information is also available on the Foundation Web site, "www.mdsfoundation.org".



## Iowa program seeks to recruit, retain dentists

*Iowa City, Iowa*—A three-year, $150,000 grant from Delta Dental of Iowa will help the state recruit and retain dentists in rural areas of the state, where 79 of Iowa's 99 counties are considered dental shortage areas.

The grant enabled the University of Iowa College of Dentistry to hire a practice opportunities coordinator who will manage recruitment of dentists to rural, underserved communities throughout the state and help match Iowa's dental graduates with open practice sites.

"The college is in a unique position to coordinate the linkage between dental students, practicing alumni and Iowa communities," said Dr. David Johnsen, dean. "We anticipate this new position will assist in retaining Iowa dental graduates and placing them in high need areas of the state."

The Iowa practice opportunities coordinator will work with Iowa communities' chambers of commerce, the Iowa Departments of Economic Development and Public Health, the Iowa Dental Association and the UI Dental Alumni Association to identify communities seeking a dentist and facilitate placement.

"Delta Dental of Iowa is pleased to collaborate with the College of Dentistry on this important project to meet the growing needs of Iowa's underserved and aging populations," said Dr. Ed Schooley, vice president and dental director. "We recognize both the public health impact and the economic impact a dental practice can have in a rural community." ■

*—Reported by Stacie Crozier*

## CAPIR bestows access awards

Dr. Gerald J. Ciebien of Riverside, Ill., and Dr. Nicholas D. Barone of North Providence, R.I., received a 2006 Access Recognition Award from the ADA Council on Access, Prevention and Interprofessional Relations.

This award honors individuals who have demonstrated significant leadership and inspiration in gaining access to dental care at the local level for those in need.

Nominations for this award may be submitted to the council by a constituent dental society at any time. One recipient each year will receive the E. "Bud" Tarrson Access to Oral Health Care Award sponsored by the ADA Foundation. In 2006 the winner was Dr. Tim Dolby of Washington State.

Submit nominations for Access Recognition Awards to your state dental society, or for more information, contact the council by calling the toll-free number, Ext. 2673. ■

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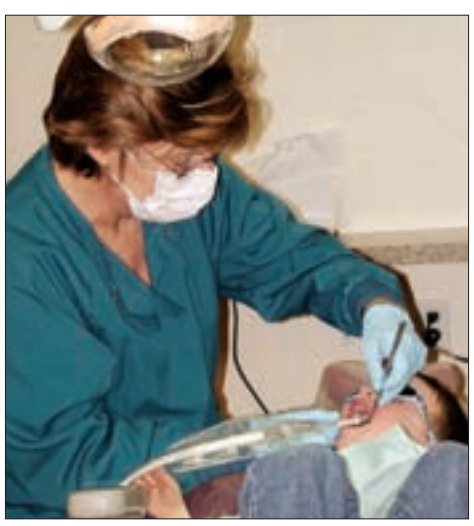
**GKAS Part II:** Give Kids A Smile comes twice a year in St. Louis, where the national program was founded. Greater St. Louis Dental Society volunteers teamed up Feb. 2-3 to treat 642 children, delivering $223,000 in care. "This is the largest number of children we've seen and the highest dollar amount of treatment we've rendered," said Dr. Jeff Dalin. Pictured left, Dr. Dalin explains the results of digital images to an interested child.

**Preventive dentistry:** Dr. Adrian Codel poses with some of the children he saw in his Chicago office Feb. 2 for Give Kids A Smile. Exams, prophys, fluoride varnishes and composite restorations as well as oral health education were provided that day. Shown are from left, first row: Jacob, Jocelyn and Ivan Mendoza; second row, Ana Santos, Jasmin Mendoza and Dr. Codel.



**Newbie:** Hygienist Jean Stearns cleans 3-year-old Burke Bulger's teeth for the first time last month during the GKAS observation at the dental office of Dr. Kimberly Meyer in West Nottingham, N.H.

# Big Easy practice parties for GKAS

**BY STACIE CROZIER**

*Jefferson, La.*—GKAS was "quite a special day" for Dr. Ronald Liuzza and his staff at Elmwood Dental.

"This was the first time we participated, and we are definitely going to do it every year now," says Dr. Liuzza.

Just west of New Orleans proper, Elmwood Dental is in Jefferson Parish, and some of the practice's patients are still living in post-Katrina relief trailers, he says.

"This is one of several events and programs we've hosted since our office has been trying to become more involved in our community. GKAS was a good opportunity for us to reach out to those in need."

Dr. Liuzza says his staff of 16 was really in high spirits for the event, donning clown and tooth fairy costumes, interacting with families to provide dental health education and more.

"We in New Orleans like our parties," he adds, "and this was some party."

About 35 youngsters received hygiene instruction, exams, X-rays, cleanings, sealants and treatment as needed during the all-day event.

At Christmastime, he notes, Elmwood Dental gave turkeys and gifts to patients in dire straits. But GKAS gave the staff an opportunity to participate one-on-one and to join in the satisfaction of helping others.

"The nature of life is that sometimes you have bad things like hurricanes, and you don't always have the chance to reach out to others when you're off balance. But we are lucky to have good balance and we enjoyed helping. There were a lot of really happy kids and parents Feb. 2, and days later our staff is still talking about it."

"New Orleans dentists," he adds, "like to help others. I encourage them, and dentists nationwide, to try out GKAS next year. It's a great opportunity to help and it's fun." ■

**Party time:** Families find entertainment, oral health instruction and treatment at Elmwood Dental in Jefferson, La., Feb. 2.

**On the air for GKAS:** ADA consumer advisor and Minnesota dentist Dr. Kimberly Harms and New Orleans pediatric dentist Dr. Jason Parker discuss how Give Kids A Smile reaches hundreds of thousands of children in need of dental care each year during an ADA satellite media tour Feb. 1 in New Orleans. The duo also emphasized that GKAS is a wake-up call designed to raise awareness among policymakers that dental disease is preventable and that states need to seek solutions to access problems for low-income families. Interviews were broadcast in at least 18 media markets nationwide.

## Tooth Bus provides care all year long

**BY STACIE CROZIER**

*New Orleans*—It's Give Kids A Smile day in New Orleans, and 11-year-old Shoundra is making her first visit to the Tooth Bus.

The three-chair dental office on wheels travels to several different sites in the area on a rotating basis Monday through Friday to treat kids who need dental care.

Shoundra made her visit to the Tooth Bus during the Remote Area Medical project held Jan. 29-Feb. 2 in East New Orleans. Dr. Jason Parker, a New Orleans pediatric dentist and volunteer, provided care to 14 children on Feb. 2 as a GKAS program for the New Orleans Dental Association.

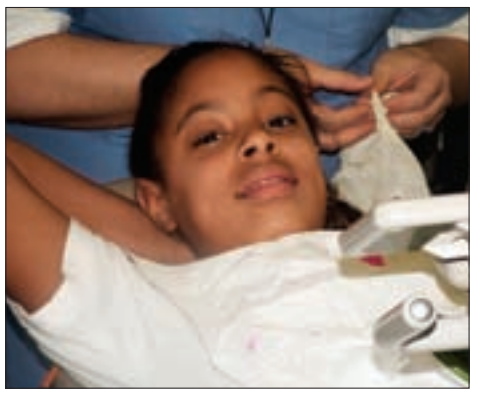
Although the space looks tight to the casual observer, Tooth Bus staffers have finely tuned their routine, says program secretary Patricia Decuir.

"We schedule about 30 kids per bus each day ahead of time, depending on the availability of staff," she says. "We also assist families in applying for Medicaid and other assistance."

Susan Cox, the dental assistant on duty Feb. 2, works with the staff to organize X-rays, treatment trays, cleanings and more.

"Every Friday we get our schedule for the next week," she says. "Then we make up the trays for the next week's appointments so we're ready to go."

Shoundra, a quiet 5th grader who enjoys swimming and playing with her puppy Cocoa, was at ease for her first visit. She wasn't afraid to flash her after-cleaning smile and received a goodie bag with a comic book, parents' oral care instruction book, toothbrush, toothpaste and floss.



**Office on wheels:** Shoundra flashes a smile during her appointment at the Tooth Bus in New Orleans Feb. 2.

The Tooth Bus, a program of Children's Hospital in New Orleans, offers no-cost dental care to children in need who meet eligibility requirements. Two mobile dental offices provide comprehensive dental services to 400 to 600 children 21 and under each month with help from a clinical dentistry faculty member and a resident from Louisiana State University School of Dentistry and local private practice dentists.

For more information, visit the Web site: "www.chnola.org" and click on the Tooth Bus link. ■

# Operation Blessing still seeks volunteers in New Orleans

**BY STACIE CROZIER**

*New Orleans*—Volunteer dental professionals continue to make a positive difference for hurricane victims in New Orleans by signing on to work at the Operation Blessing dental clinic in East New Orleans.

"We still have an open-ended disaster relief clinic in New Orleans and anticipate being there for at least another six months," says Karen Ball, the organization's volunteer manager. "We can always use dental volunteers."

In November 2006, ADA member Dr. Neil Hiltunen and his wife Gail, a dental hygienist, from North Hampton, N.H., volunteered in the clinic. Dr. Hiltunen contacted the ADA News about his volunteer experience.

"Operation Blessing is operating a well-organized, well-equipped, modular dental clinic that rivals most private practice facilities," says Dr. Hiltunen.

"Digital radiography and the latest cassette type sterilizer help make treatment run smoothly and efficiently. Full-sized operatories allow adequate space for four-handed dentistry, and we found our assistant volunteers and the paid staff to be highly trained. They followed proper sterilization techniques, set up and cleaned the rooms, managed smooth patient flow, and operated effectively chair side."

Dr. Hiltunen also lauded the clinic's comfortable accommodations, meals and camaraderie.

"Perhaps most notable about Operation Blessing is the friendliness of all the people involved," he says.

"We were surrounded by the most friendly, appreciative people on the planet. There was a positive spirit among everyone involved, both other volunteers and staff. The people we met helped make our short stay there one our most memorable experiences.

"New Orleans and its people desperately need help," he adds, "and Operation Blessing offers an effective, rewarding way for any dental team or team member to make a difference.

Operation Blessing International Relief and Development Corporation is a non-profit 501(c)(3) humanitarian organization based in Virginia Beach, Va. To volunteer, contact Karen Ball by calling 1-757-226-3858 or e-mailing "karen.ball@ob.org". Volunteer applications and more information are also posted on the Web site: "www.ob.org". ■

# Illinois GKAS event treats 100 children, raises awareness for access to care needs

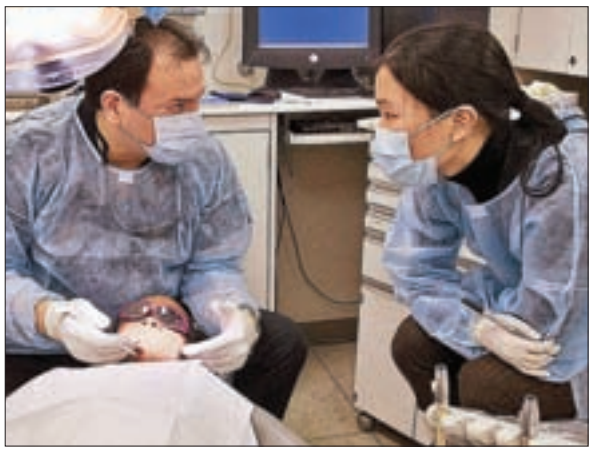
A group of 100 youngsters were treated to Give Kids A Smile activities in Chicago Feb. 2 at the University of Illinois at Chicago College of Dentistry.

Staff from the dental school's Department of Pediatric Dentistry performed treatment and gave oral hygiene instruction to children from St. Malachy School and the El Valor Head Start program.

On hand for festivities were Lt. Gov. Pat Quinn and Illinois Rep. David E. Miller, a dentist. ■

**All smiles:** Dignitaries and kids gather on Give Kids A Smile Feb. 2 at the UIC College of Dentistry. Pictured from left are Dr. David Miller, Illinois state representative and dentist; Dr. Indru Punwani, head of the UIC Department of Pediatric Dentistry; "Tooth Fairy" Rebecca Testa, UIC dental student; and Pat Quinn, Illinois' lieutenant governor.

*Photos by Troy Heinzeroth*



**Treatment time:** UIC third-year dental student Victor Rendon discusses a patient with Katie Yoo, an undergraduate in the pre-dental program who volunteered for Give Kids A Smile.

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National Children's Dental Access Day

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**Magical day:** Addie Washburn poses with the Tooth Fairy, a.k.a. Becky Riendeau, at Dr. Robin J. Henderson's office in Clarkston, Wash. Dr. Henderson and her dental office staff worked with the counselor at a local school to arrange transportation for some 13 kids on GKAS 2007. "We saw 13 kids and provided $5,500 of dentistry," Dr. Henderson said about the day. "We provide whatever care is needed. Every child receives radiographs, exams, prophys and fluoride."

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