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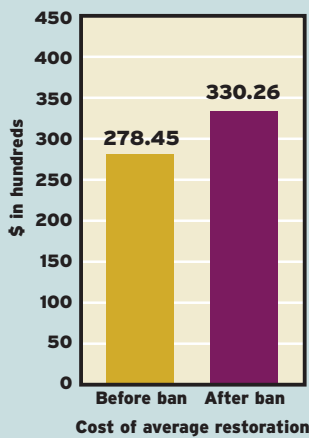
ADANEWS

AUGUST 20, 2007

VOLUME 38 NO. 15

Amalgam effect

A ban on amalgam could cost the entire population an additional 18.6 percent in dental expenses each year.



Source: Public Health Reports, September-October 2007

Amalgam economics

Ban would spike dental costs: study

BY JENNIFER GARVIN

Washington—Amalgam isn't just a clinical preference or something that draws fire from passionate environmentalists; banning the restoration could have devastating ramifications for access to care and dental costs.

An article in the September/October issue of Public Health Reports contains a new economic study that concludes an amalgam ban would have a substantial short- and long-term effect on the public's dental expenses, estimating that the first-year impact could cost the nation upwards

■ **Minnesota dentist, dental student help in bridge collapse, page six**

of \$8.2 billion—nearly 10 percent of current dental expenditures.

With costs already out of reach for certain populations, the study suggests these patients could disregard having restorations altogether.

Dr. L. Jackson Brown, a dentist economist and epidemiologist and for-

mer ADA managing vice president for health policy, agrees, saying, "The dental community and public health dentists have long known that amalgam restorations are a vital component in the arsenal to manage dental disease. This study documents the large impact the absence of amalgam would have. Dental care would cost more and untreated caries is likely to increase. Unfortunately, this impact would fall disproportionately on the disadvantaged populations."

"The Economic Impact of Regulating
See ECONOMICS, page 12

BRIEFS

Annual session offer:

Experience some of the benefits that 155,000 ADA members already enjoy by attending the ADA's annual session and World Marketplace Exhibition Sept. 27-30 in San Francisco.

Dentists who are not yet members of the ADA have the opportunity to attend annual session at a reduced rate of \$75. The regular nonmember registration rate is \$750. You can only take advantage of this offer one



time, so those who attended the 2005 or 2006 annual session at the reduced rate are not eligible.

For more information or to register, go to ADA.org or call the Council on ADA Sessions at 1-312-440-2388 to receive an annual session preliminary program, including registration materials.

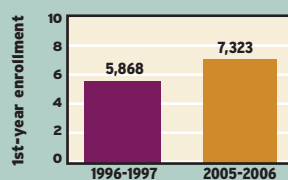
Look inside on pages 14 to 16 for more details about annual session, including a center for first-time attendees and activities for federal dental service members.

Annual session advance registration ends Sept. 7. ■

JUST THE FACTS

Education

1st-year enrollment in dental hygiene education programs.



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



East meets West: ADA leaders welcome a delegation from the Chinese Stomatological Association to ADA Headquarters July 23. From left are Drs. Wenmin Luan, CSA vice president; James Bramson, ADA executive director; Zhenkang Zhan, CSA honorary president; Kathleen Roth, ADA president; Xing Wang, CSA president; and Mark J. Feldman, ADA president-elect. See related story, page seven.

ACP: the next big thing

BY JENNIFER GARVIN

Gaithersburg, Md.—Amorphous calcium phosphate is more than a cosmetic benefit for patients—it's the first nonfluoride therapy to remineralize enamel and dentin.

From healing the early signs of caries to desensitizing teeth to adhering orthodontics, ACP is one of the

■ **How ADAF Paffenbarger Research Center has changed dentistry, page 10**

hottest materials in dentistry.

So what is it? When calcium and phosphate salts are combined in just

the right way, they form a solution that precipitates ACP—amorphous because it has no definite shape. The process is quick. Once the ACP dissolves in enamel fluids and is transported into the caries lesion, the calcium and phosphate ions precipitate and recrystallize as apatite to repair the

See ACP, page 10

Special delivery on the way

JADA supplement, educational tools focus on needs of older adults

BY STACIE CROZIER

Watch your mailbox for exciting new educational materials that will help you address the oral health care needs of older adults—the fastest-growing patient population group in the nation.

The September issue of The Journal of the American Dental Association contains two special features—a 56-page supplement, “Oral Health and the Aging Population,” and the new OralLongevity Brochure and Oral Health DVD education program aimed at raising the awareness of the importance of good oral health throughout life.

The special JADA supplement, the brochure and the DVD are three elements of the multifaceted three-year OralLongevity campaign, made possible through an educational grant from GlaxoSmithKline Consumer Healthcare. GSK Consumer Healthcare has partnered with the ADA and the ADA Foundation to create educational resources and innovative programs targeted to the special needs of older adults.

“One of the shared goals of all humanity is to grow old with dignity,” said Dr. Kathleen Roth, ADA president, and Dr. Arthur A. Dugoni, ADA Foundation president, in the supplement’s opening letter. “We as dentists have the knowledge and skills to help make that happen for the older adults in our communities. And now, thanks to the OralLongevity campaign, we also have the tools.”

The JADA supplement, under the guidance of guest editor Dr. Ronald L. Ettinger, professor, Department of Prosthodontics and Dows Institute for Dental Research, University of Iowa College of Dentistry, includes articles covering topics that especially affect older adults:

- “Oral Health and the Aging Population,” by Dr. Ettinger.
- “The Influence of Systemic Diseases on Oral Health Care in Older Adults,” by Dr. Crispian Scully, dean and director, University College London Eastman Dental Institute; and Dr. Ettinger.
- “Dry Mouth and its Effects on the Oral Health of Elderly People,” by Dr. Michael D. Turner, assistant professor, Department of Oral and Maxillofacial Surgery, New York University College of Dentistry; and Dr. Jonathan A. Ship, professor, Department of Oral and Maxillofacial Pathology, Radiology, and Medicine, New York University College of Dentistry; professor, Department of Medicine, New York University School of Medicine; and director, Bluestone Center for Clinical Research, New York University College of Dentistry.
- “A New Look at Erosive Tooth Wear in Elderly People,” by Dr. David Bartlett, professor and head, Prosthodontics, King’s College, London Dental Institute.
- “The Epidemiology, Consequences and Management of Periodontal Disease in Older Adults,” by Dr. Tobias K. Boehm, research assistant, Department of Oral Biology, and resident, Department of Periodontics and Endodontics, State University of New York at Buffalo School of Dental Medicine; and Dr. Frank A. Scannapieco, professor and chair, Department of Oral Biology, State University of New York at Buffalo School of Dental Medicine.
- “Dental Implants: A Role in Geriatric Dentistry for the General Practice?” by Dr. Clark M. Stanford, Centennial Fund Professor for Clinical Research, Dows Institute for Dental Research and Department of Prosthodontics, University of Iowa.
- “Mucosal Lesions in Older Adults,” by Dr. Sol Silverman Jr., professor of Oral Medicine, Department of Orofacial Sciences, University of California at San Francisco School of Dentistry.
- “Quality of Life as an Indicator of Oral Health in Older People,” by Dr. Michael I. MacEntee, professor, Faculty of Dentistry, University of

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British Columbia, Vancouver, B.C., Canada.

The OralLongevity brochure and DVD includes searchable chapters on a variety of oral health topics, such as aging dentition and sensi-

tivity, daily mouth care, nutrition, dry mouth and more. Dental professionals will be able to use the DVD in their offices to educate patients and caregivers on topics targeted to individual

patients’ needs. They can also refer patients to ADA.org to view the DVD and download the brochure (“www.orallongevity.ada.org”).

“The goal of OralLongevity is to create a dialogue between patients, caregivers and oral health professionals,” said Dr. Ronald Rupp, senior manager of professional relations, GSK Consumer Healthcare. “OralLongevity will help patients understand the importance of regular dental care and help them receive information and guidance from trusted professionals.” ■



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ViewPoint

MyView

What would you do?

When a medical emergency takes place in the dental office



David Wilson, D.M.D.

Just a few days ago I still didn't have a topic for this month's edition of Hotline. Then *it* happened: The day at the office we all dread ... the day we have to call 911. See if you can figure out what happened.

Mrs. Mead (obviously not her real name), an 87-year-old female with a history of hypertension, hypothyroidism and macular degeneration presented Wednesday morning for a dental prophylaxis. Her daily medications include atenolol, norvasc and synthroid, and she is sensitive/allergic to codeine and penicillin. She took her clindamycin pre-med as directed for a heart murmur.

TriMet public transportation service brought Mrs. Mead to our office and upon check-in reported she wasn't feeling very well, and asked if I could check her blood pressure. Before she could make it to a chair in the reception area, Mrs. Mead had a syncopal episode; thanks to the quick actions of another patient in the reception area she did not fall to the floor.

Mrs. Mead quickly regained her composure but complained of feeling nauseated, weak and uncomfortable. My assistant escorted Mrs. Mead to an operator and alerted me to the situation.

I had Mrs. Mead on full monitors within minutes: Her B.P. was 200/80, pulse

Be vigilant in your medical histories and give extra attention to your elderly patients.

40, EKG normal but slow, and respirations erratic. Upon questioning, she reported a normal breakfast and even completed a two-mile walk several hours prior to her dental appointment. In the dental chair and on monitors,

Mrs. Mead's ongoing complaint was one of feeling uncomfortable and "out-of-sorts."

Because her O2 saturation via pulse Ox remained at 98 percent, I did not start oxygen. I did call her physician and explained the situation. Her physician recommended an immediate transport to the ER.

I had my office manager make the 911 call while I stayed with Mrs. Mead. Within five minutes I had two paramedics and four firefighters in operator 3. I explained the situation, gave my report of her vital signs over the previous 15 minutes, and watched while the professionals did their job.

Mrs. Mead was promptly taken to a local hospital and she spent the next eight

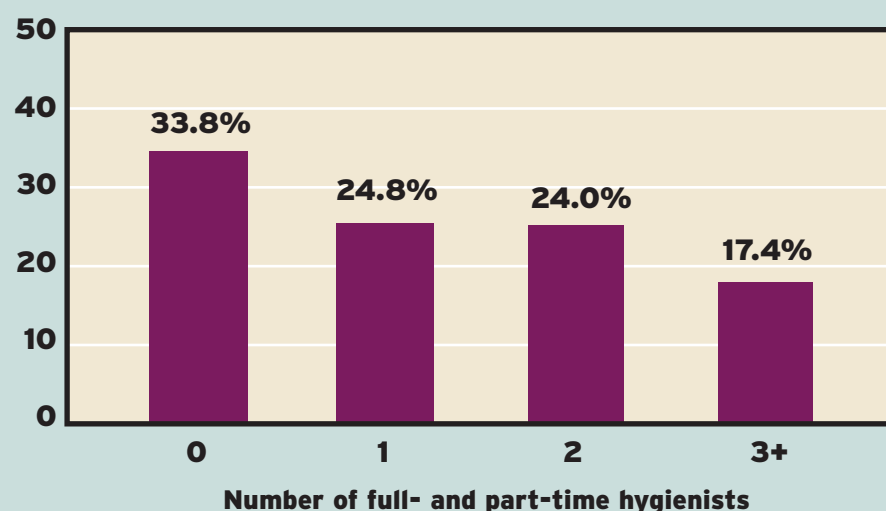
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Dental practice

One-third of independent dentists do not employ at least one dental hygienist on a full- or part-time basis.

Percentage of independent dentists employing dental hygienists, 2004



Source: American Dental Association, Survey Center, 2005 Survey of Dental Practice.

Letters

Access not the issue?

Regarding recent letters on the death of Deamonte Driver, Medicaid and access issues—what is the real problem?

The real problem is the lack of understanding with regard to the relationship of dental health to overall physical well-being by Medicaid management and those who make the policies. I think the ADA should do something about this starting with the state of Illinois.

Of course, there are budget considerations, but why exactly? I mean, there is so much waste that the solution to the problem is in the waste. Time and time again I am called to the hospital to solve the problem of a facial or dentofacial abscess or infection. The patient usually has Medicaid. The patient has been admitted for 1 to 30 days at some phenomenal and wasteful cost to the system. When I finally get the call for a consultation, at least one full day of admission is already on the books.

Once I determine what the problem is, then I will be paid roughly \$39-57 per tooth for extraction of the offending teeth in the operating room under general anesthetic for a case that I had to schedule. This is reimbursement for a case that I had to do after hours as

an add-on. Add-on operating room cases command a premium from what I am told.

Thus, Medicaid has literally spent thousands of dollars in order to solve a problem that could have been handled for a few hundred if they would only pay dental practitioners



ers a reasonable amount to handle these emergencies privately. If this happens in each county just a few times per month, I'd bet that at least \$10 million is being wasted in Illinois alone each year.

In addition, Medicaid does not pay for hospital follow-up evaluations which are required as a matter of typical hospital protocol. How do practitioners justify the time involved to provide quality care when treated this way?

The same goes for those patients

with medical insurance like Blue Cross Blue Shield. The patient is admitted, managed medically and the solution is dental extraction of the offending teeth. Unfortunately, this is considered dental and therefore not covered. All other practitioners and the hospital are covered for their service but dentistry is not.

Really, the ADA should address this with the insurance companies as well. What doesn't make any sense is that the entire admission could have been avoided if dental were not so divorced from medical.

Access to care doesn't seem to be the issue. I don't see patients dying in the streets. Unreasonable coverage policies, lack of understanding by policymakers and very low reimbursement are the problem. We have plenty of compassionate oral surgeons and dentists to go around.

*Kurtis E. Wirth, D.D.S.
Rockford, Ill.*

Editor's note: The ADA Division of Government and Public Affairs agrees with Dr. Wirth's assessment, and recognizes that funding dental programs like Medicaid and the State Children's Health Insurance Program saves lives, prevents unnecessary pain and suffering, and is a tremendous cost benefit to us all. What's more,

See LETTERS, 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".

Letters

Continued from page four

the failure of policymakers to understand the value of these programs is an underlying cause of those systems' failure to effectively address oral health access in underserved populations.

That is why the ADA worked very closely with Representatives Al Wynn (D-Md.) and Mike Simpson (R-Idaho) to develop the "Essential Oral Health Care Act of 2007" (H.R. 2472). The key to this legislation is that it provides states the resources necessary to attract more private sector dentists to the Medicaid and SCHIP programs. This is crucial if we are to truly address the access problems faced by children like Deamonte Driver, the 12-year-old boy who died from a brain infection apparently related to untreated dental disease.

Bundling/downcoding

I enjoy reading your series on "Top 10" concerns regarding dental claims. However, in the article regarding bundling and downcoding as published in the June 18 ADA News, the National Association of Dental Plans stated that: "The practice of combining these (set of bitewings and a panoramic film) and providing a benefit equal to the full mouth series is a result of requests from the dental community." I take exception as to who requested the bundling.

I have been a practicing dentist for over 30

years, my father signed the first contract for dental insurance with the Longshoremen in 1954 (which was the beginning of dental insurance) and I have been a trustee and board member of Washington Dental Service for over 20 years.

The bundling of the panoramic/bitewings has come from the insurers, not the dental community as stated.

This is strictly a cost containment issue along with other processing policies. It was recently discussed by Delta Dental policy committee to unbundle their processing policy #USA 029, but they voted to keep this as another cost containment issue. Delta Dental is the only insurer that has instituted this policy to my knowledge.

W. Patrick Brust, D.D.S.
Everett, Wash.

Alaska settlement

When Evel Knievel attempted to jump the Snake River Canyon on a jet-propelled motorcycle and instead plummeted to its depths by parachute, Paul Harvey had by far the best comment, "Something not worth doing is not worth doing well."

I was appalled by the ADA's Alaska litigation "settlement"—a euphemism for being badly beaten ("ADA Reaches Settlement in Alaska Litigation," July 16 ADA News). We don't need any legalese justifying the ADA's position; this suit was a bad idea from the start and many of us had issued warnings. The ADA should be thinking as representatives of health care professionals, not protectionists or even worse, lawyers. A negotiated solution was possible at the beginning. May I ask, what was the legal cost of this lawsuit, and

more importantly, the cost of the humiliation and bad press to dentistry?

After Raymond Donovan, a U.S. secretary of labor, was acquitted in a highly publicized corruption case in 1987, he was famously quoted asking, "Which office do I go to to get my reputation back?" Shame on the ADA for casting our profession in this most unfavorable light.

Joseph C. Morganelli, D.D.S.
Chicago

Editor's note: Members who wish to learn more about the details of the lawsuit can turn to the Alaska Q&A ("www.ada.org/goto/newsextra" for the July 16 ADA News), which thoroughly details the cost of the litigation as well as its history and the context in which the decisions were made to pursue and to settle the lawsuit.

MyView

Continued from page four

hours under observation. I called the ER but was unable to get any details on Mrs. Mead's condition other than that she was still in the ER. I was relieved to know she has not been admitted, as I knew I could rule out myocardial infarction and stroke.

I spoke to Mrs. Mead the next morning. She was at home and doing well. I asked her what the physicians at the hospital had diagnosed. She reported nothing. Her EKG was basically normal, her blood and urine tests were normal, and although she may not be the best historian, I gathered that the ER physicians had no good explanation for her symptoms. So what had happened?

Mrs. Mead led me to the answer. I asked her to read the name of the pre-medication she had taken prior to her dental visit. She could not make out the name of the medication on the prescription bottle due to her macular degeneration. With the help of Mrs. Mead's son, we all discovered that Mrs. Mead had taken four tablets of a commonly prescribed muscle relaxant instead of four caplets of clindamycin.

Fortunately, the outcome of Mrs. Mead's medication mix-up was not life-threatening. I am thankful that she was healthy enough to withstand the side-effects of her error. How would I have felt if I had to explain this scenario to the medical examiner, the dental board and Mrs. Mead's family? How would you feel?

Be vigilant in your medical histories and give extra attention to your elderly patients. No amount of forethought may have prevented my "near miss" with Mrs. Mead, but I encourage you all to keep up on your required medical emergency and risk management courses. I know I will.

Dr. Wilson is the past president of the Multnomah Dental Society (Oregon). His comments, reprinted here with permission, originally appeared in the May issue of MDS Hotline.

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'It haunts me'

Dentist, dental student recount Minnesota bridge collapse rescue efforts

BY JENNIFER GARVIN

Minneapolis—Dr. Brian Fuller can still hear the sounds of crumbling concrete.

A week after the devastating collapse of this city's Interstate 35-West bridge claimed the lives

of eight people, Dr. Fuller, a periodontology resident at the University of Minnesota School of Dentistry, stood on the balcony of his 17th-story condominium, fighting tears as he watched two bagpipers make their way to the



Photo by Dr. Brian Fuller

Tragic view: Dr. Brian Fuller (right) captured this image of the Interstate 35-West bridge collapse in Minneapolis, saying, his heart "goes out to the victims and families" of the tragedy.



site of the collapse.

Soon, the strains of "Amazing Grace" could be heard.

"I can't believe what has happened," Dr. Fuller said. "My heart goes out to all the victims and their families. I still look out on the scene everyday before I go to work, as soon as I get home and before I go to bed wondering if I could have done more."

"It haunts me."

On the evening of Aug. 1, Dr. Fuller and fourth-year student Nate Lund, two UM students, were separately touched by the images of an American tragedy that won't soon leave their minds.

Nate was sitting down to eat a sandwich when the news arrived by cell phone.

His brother, Chris, a first-year student at UM, was on the other end, calling to see if Nate had heard about the sudden collapse.

"You mean the whole thing?" asked Nate, aghast. "I told him I was on my way and for him to hang up and call 911."

He also decided he was going down there to help.

His wife, Christine, a nurse who had driven across the bridge earlier that evening, told him, "Not without me you're not."

So after donning scrubs and gathering bandages and stethoscopes, the two drove to the scene of the collapse. Nate estimated they arrived about 10 minutes after the bridge fell—before most rescue personnel arrived.

The first police they encountered directed the couple to what Nate described as the "southwest corner"—the bridge doesn't really run north or south—of the bridge scene. They informed the police of their wish to help triage the wounded.

"Let us help these people," Nate told them.

It was a trial of determination from there.

The Lunds were again directed elsewhere—this time to the southeast corner—crossing under the remaining part of the bridge in the process and more than once talking their way past barricades. They eventually rode a small boat to an area he described as the "walking wounded," where people with bleeding skulls and broken bones were seemingly everywhere.

"Everyone had fractured their backs," Nate said. "The firemen were amazing. They ran out of backboards and used plywood. Then, we used pickups, two boards to a truck, to transport people to the hospital."

By the time it was all over, nearly four hours had passed and the scene moved from a rescue to a recovery effort. Nate, an Army officer who is part of the Army Health Professions Scholarship Program, is originally from Duluth, Minn. He talked briefly with a reporter from the St. Paul Pioneer Press about his experience. The next thing he knew, ABC News was interviewing him in his living room. For their efforts, ABC News named Nate and Christine "Persons of the Week". That part of the experience was embarrassing, he said, but he'll never forget the way everyone worked together in the face of tragedy.

"I think every experience you have in life



Helpers: Married couple Nate and Christine Lund raced to the scene.

changes you, some for the better, some for the worse," he said. "The memories from this tragedy will always be positive because of the people working together. To lose [eight] people is a lot, but frankly I thought [eight] was amazing. I was expecting it to be 50 or 100."

Dr. Fuller heard the collapse from his living room. At first he thought it was just more of the ubiquitous construction in the area, but when he looked out his balcony, a horrific site greeted him.

"I don't know what catalyzed me to run down there," he said in an e-mail to the ADA News. "I think I just reacted without thinking."

Dr. Fuller, originally from Billings, Mont., received e-mails from friends and family all over the country asking him about the tragedy.

In a mass e-mail to them he wrote:

"I immediately just grabbed my keys and within minutes was running the 200 yards to the bridge that was now mostly at ground level or below. I was one of about 20 bystanders joined by two policemen that went car-to-car trying to get people out."

Dr. Fuller said he helped a group of elderly people in shock to find solid ground.

He briefly thought that was the worst of it, but once he was on higher ground he saw an island of concrete submerged and realized the only way some of the other people could be saved was by boat.

He thought he could help further, but after guiding his canoe through a sea of oil and gas—with no place to dock in sight—he decided to leave the job to the professional rescuers.

The scene was becoming increasingly unsafe and by the time he reached land he was actually barricaded in by police and had to sneak through a field of bushes to get to his condo. "From the time I saw the victims in the water until I was back home, time seemed to stand still." ■

—garvinj@ada.org

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Common ground

ADA welcomes Chinese colleagues

BY STACIE CROZIER

Sharing professional common ground and celebrating differences in language and culture, ADA leaders hosted a delegation of Chinese dental leaders and educators for a four-day visit last month.

The gathering was the culmination of more than two years of planning and relationship building between ADA leaders and staff and the Chinese Stomatological Association.

It allowed the visitors an extensive look at the ADA's structure, day-to-day functions and role in national and international dentistry; tours of Chicago dental offices; and visits to nearby Marquette University School of Dentistry and the University of Illinois at Chicago School of Dentistry.

"This time together gave all of us the opportunity to better understand each others' cultures and the state of our profession internationally," said ADA President Kathleen Roth. "It also helped us create a solid, respectful relationship to work forward with possible programs and projects in partnership."

Added Dr. Roth: "It was a delightful time to



Global exchange: Dr. Tiejun Li, vice dean, School of Stomatology, Peking University, shares ideas with the joint delegation.

highlight our staff within the ADA and share programming work that happens within the ADA for our membership."

The ADA Committee on International Programs and Development set out to establish a relationship with the ADA's Chinese colleagues in early 2005. In June 2006, ADA Executive Director James Bramson traveled to Beijing to meet with CSA leaders and attend their national dental meeting.

Since then, CIPD leaders and staff have worked diligently to coordinate several more meetings and visits between the groups, helping the ADA and CSA explore opportunities for partnership and collaboration. The ADA is now considering a variety of opportunities, including producing a Chinese edition of The Journal of the American Dental Association and more.

"China represents a growing economic and science-based society in today's world," said ADA President-elect Mark Feldman. "By reaching out and forming a relationship with the CSA, we allow ourselves to maintain a leadership role in the development of international standards that could impact our practices here in the United States. In addition, there is much we can learn from the Chinese and their scientific advances in both medicine and dentistry."

Dr. Roth said the growing relationship with China is relevant in today's world of globalization.

"As we become a more global society," she said, "the ADA is well positioned to be a valued source in the exchange of information and opportunities to partner and improve oral health worldwide."

"It was a pleasure to host this delegation," said Dr. Bramson. "Exchanging information is how we learn about new techniques, approaches and cultures."

The ADA also acknowledges Colgate Palmolive Co. and the Wrigley Co., who hosted dinners for the delegation during their Chicago stay, and dental school deans Dr. William Lobb at Marquette and Dr. Bruce Graham at UIC for coordinating the dental school visits. ■

—croziers@ada.org



Dialogue: Dr. Yun_po Zhang, director, Clinical Dental Research, and Dr. Anthony Volpe, vice president, Global Oral Care, Colgate Palmolive Co., participate in ADA-CSA meetings.

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DentalPractice

Creating the dental piece of the EHR

ADA workgroups aim to stay patient focused and provider driven

BY ARLENE FURLONG

ADA leaders are now working to ensure that the unique character of dental practice is understood and maintained in the dental components of the electronic health record as the government moves this initiative forward.

That's why the ADA Board of Trustees named two new workgroups at its June meeting—the Electronic Health Record Workgroup and the SNODENT Editorial Panel.

The federal government wants to promote overall quality and cost reduction of the entire health care system by increasing the use of health information technology. Its primary focus is to develop an electronic health record for everyone in the U.S. by 2015. Complete health information will be contained in a patient's electronic health record.

The National Health Information Infrastructure, under the Department of Health and Human Services, will be a communications system comparable to a network of highways on which a patient's complete health information will travel in his or her electronic health record.

The NHII Task Force, which the Board of Trustees established in 2005, included dental industry and informatics participants outside the ADA. That group identified what was needed to create a record practical to dentistry. The new EHR workgroup brings the effort entirely in-house, to appropriate ADA Councils. The purpose is to move the agenda forward while staying patient centered and provider driven.

"These new ADA workgroups will aim to make sure that when the time comes, the ADA has all the pieces put together to create a usable,



electronic, clinical record for dentistry," said ADA 3rd District Trustee William Glecos, vice-chair of the EHR workgroup and a member of the NHII Task Force from which it evolved.

As part of its duties, the EHR Workgroup will monitor and supervise the activities of the SNODENT Editorial Panel, which is charged with the terms and codes that will be used to identify a patient's clinical diagnosis in the electronic health record. All information captured in the EHR must be codified to ensure interoperability between health care computer systems.

SNODENT—Systematized Nomenclature of Dentistry—is the vocabulary designed for electronic health and dental records. The NHII Task Force said in its report to the 2006 House of Delegates that "in order to make the NHII successful within dentistry, SNODENT must be reviewed,



Dr. Glecos: "These new ADA workgroups will aim to make sure that when the time comes, the ADA has all the pieces put together to create a usable, electronic, clinical record for dentistry."

refined and tested."

Dr. Robert Ahlstrom, who will serve as chair of the SNODENT Editorial Panel, and who also served on the NHII Task Force, says "vocabulary" or "terminology" is the better way to say coding.



Dr. Ahlstrom: "Computer systems must be able to store medical knowledge and coding in an effective way to communicate, evaluate and utilize that knowledge."

"The bottom line in achieving interoperability is that you have to be able to compare apples to apples," explained Dr. Ahlstrom. "Computer systems must be able to store medical knowledge and coding in an effective way to communicate, evaluate and utilize that knowledge." This SNODENT Editorial Panel will oversee the development and review of diagnostic codes for dentistry."

For a complete update on dentistry and the EHR from the Council on Dental Practice visit "www.ada.org/goto/ehr". ■

—furlonga@ada.org

ADA group proposes new specification for patients' health care records

The ADA Standards Committee on Dental Informatics approved for circulation and comment American National Standards Institute/ADA Specification No. 1040 for Dental Extension to the ASTM Continuity of Care Record.

A copy of the proposed specification is available by calling the ADA toll-free number, Ext. 4129, or sending an e-mail request to "standards@ada.org".

The American Society for Testing and Materials International is one of the largest voluntary standards development organizations in the world and a major source for technical standards for materials, products, systems and services.

The continuity of care record is a data set of the most relevant administrative, demographic, and clinical information about a patient's health care. It provides a means for one health care practitioner or setting to gather all relevant information about a patient and forward it to another practitioner or setting.

The intent of the dental extension to the CCR is to designate a standard set of dental patient data to meet the requirements of the CCR.

All ANSI/ADA Specifications and ADA Technical Reports for Dental Products and Informatics, along with all ISO (International Organization for Standardization) dental standards, are available online for purchase.

Each standard is competitively priced and written by the dental profession for the dental profession and illustrates the ADA's leadership in standards for safe and effective oral health care.

All standards may be securely purchased and electronically downloaded for instant access or may be securely purchased in hard copy format and mailed.

For more information about the American Dental Association Standards Committees, go to "www.ada.org/prof/resources/standards/index.asp" or e-mail "standards@ada.org".

For information on participating in standards workgroups, contact Paul Bralower at 1-312-440-2500, Ext. 4129 or e-mail "bralowerp@ada.org".

To view all of the standards available for purchase, visit the ADA Annual Catalog at "www.adacatalog.org" or call 1-800-947-4746. ■



SCDA seeks abstracts for annual meeting

Special Care Dentistry Association has opened its call for abstracts for the 20th Annual Meeting on Special Care Dentistry March 14-16, 2008, at the Hyatt Regency San Antonio, in San Antonio, Texas.

Submission deadline for papers, symposia, workshops and case studies is Sept. 14, and submission deadline for posters and roundtable luncheons is Nov. 2.

SCDA is soliciting presentation ideas in a variety of areas, but topic and practice areas of special interest to SCDA members include:

- continuum of care for the aging special needs patient;

- oral and medical/physical conditions in disabled and/or older adults;
- clinical care issues for high-risk patients;
- access to care issues and solutions

for the aging special needs patient—taking the dental practice to the patients;

- community collaborative practice models—dentistry's role in interdisciplinary care delivery;

- ethics, advocacy and trends in special care dentistry;

- training the dental community to care for the aging special needs patient; and

- advocacy and public awareness of the oral health needs of the aging special needs patient.

For information, including submission formats and standards, to download the guidelines or to submit an abstract, log on to "www.SCDAonline.org" or contact SCDA directly at 1-312-527-6764 or via e-mail at "SCDA@SCDAonline.org".

The Web site includes information about the organization's history and mission, an expansive collection of educational resources and links. ■

Check NPI data before it's posted on Web

Verify entries are current, delete optional data if private

BY ARLENE FURLONG

National provider identifier data that are disclosable under the federal Freedom of Information Act will be available on the Web beginning Sept. 4.

The ADA Department of Dental Informatics encourages dentists who have been assigned NPIs to check their information in the National Plan and Provider Enumeration System records to ensure it is current.

Dentists submitted personal and practice information, such as names, business addresses, business phone numbers and fax numbers, license numbers, gender and provider type to the NPPES when applying for a national provider identifier.

The NPI is a 10-digit standard identification number for health care providers required under the Health Insurance Portability and Accountability Act for transmitters of electronic transactions.

Also, some providers may not want all of their FOIA disclosable information available and can change or delete nonrequired data entries they prefer to keep private.

Information contained in "Other Names" and "Other Provider Identifiers" are examples of optional data fields and can be deleted.

To access NPPES records, go to the NPPES Web site: "https://nppes.cms.hhs.gov".

The Centers for Medicare & Medicaid Services will make the NPI data available in two forms:

- a query-only database, called the NPI Registry;
- a downloadable file from the NPPES Web site.

If you made changes by Aug. 20, they will be reflected in the NPI registry when it first becomes operational on Sept. 4 and in the first downloadable file at the NPPES Web site.

Downloadable files will then be updated every 30 days, the government says. Real-time query data is expected to update every 24 hours.

The government is asking providers to update their NPI data within 30 days of any significant changes, such as relocation, additional qualifications, retirement or new taxonomies.

Dentists may apply for an NPI online at "https://nppes.cms.hhs.gov" or by phoning NPPES to request a paper application at 1-800-465-3203.

HIPAA covered providers (those who transmit electronic transactions) must comply with the requirements of the NPI rule by May 23, 2008.

Members with questions, comments or concerns can e-mail "NPI@ada.org" or call the ADA Department of Dental Informatics, Ext. 4608. ■



Annual showcase: Micah Porter (far right), a third-year dental student at the University of the Pacific, Arthur A. Dugoni School of Dentistry, presents his research project to faculty judges during the school's annual Excellence Day on May 23. Pictured in front from left are Drs. Karen Schulze, Jeffrey Miles and Dorothy Burk. Looking on from behind are dental students Nando Pessoa and Justin Hannon.

Photo by Jon Draper

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Inventing the future

Paffenbarger Research Center builds on 79-year legacy

BY JENNIFER GARVIN

Gaithersburg, Md.—It began as a way of curtailing dental disease in soldiers, and today the ADA Foundation Paffenbarger Research Center stands as one of the most productive dental research laboratories in the world.

Military dentists from World War I were frustrated with the lack of consistency in restorative materials and the U.S. Army was calling for a standard in amalgam. The government listened, and, as a result, the first dental materials standards were born.

In 1919 the National Bureau of Standards launched a dental materials research group, which wrote the first report for amalgam standards. The ADA signed on in 1928, marking the first time public and professional institutions joined together for the advancement of dental science. Little did the two groups know how pivotal this unique relationship would prove to be in improving the public's oral health.

From discovering new ways to fight caries to developing new dental products and bonding materials, the PRC is a place where dental and medical research scientists work side by side with government scientists.

"PRC's exploration of new frontiers in the science of oral health is nothing short of revolutionary," ADA President Kathleen Roth said.

ADA | FOUNDATION

American Dental Association Foundation

In 1985, the ADA renamed the research unit in honor of Dr. George C. Paffenbarger, who led the unit from 1929 to 1974 and was the first recipient of the ADA's scientific fellowship. The PRC, along with the NBS, now the National Institute of Standards and Technology, is located in Gaithersburg. NIST is part of the U.S. Department of Commerce.

PRC scientists have played major roles in the development of modern high-speed dental drills, panoramic X-ray machines, face-surfaced dental mirrors, protective tooth sealants, orthodontic bracket bonding materials, tooth-colored composite filling materials, calcium phosphate bone cements and adhesives that bond composites and other filling materials to teeth.

The inventions are assigned to the ADAF and licensed to dental and medical material product manufacturers worldwide. The income generated through licensing is exclusively devoted to supporting ADAF research and educational programs.

"The challenges that face dentistry today are vastly different from those that fueled the beginning of our research center nearly 80 years ago," said Clifton M. Carey, Ph.D., PRC's director of



Working relationship: An aerial photo of the National Institute of Standards and Technology campus and tower (inset), where the ADA Foundation Paffenbarger Research Center is located. The PRC is one of the world's most productive dental research labs.



Photo by Robert Rathe

Independent Research and Grant Administration. "The PRC scientists who came before met the challenges of the past, and today's scientists continue to lead the way with visionary research that will help the profession meet the demands of the future. Personally, it's a great place to do research because the PRC staff is an amazingly talented and dedicated team. It is fantastic to be a part of this incredible institution."

"It is an honor for the ADAF to support the fruitful partnership that sustains PRC's research; their discoveries are triumphs for oral health," said Dr. Arthur Dugoni, president, ADA Foundation.

In a 1983 presentation to NBS, Dr. Paffenbarger wrote that he considered the laboratory's two biggest accomplishments up to that point to be the invention of the turbine contra-angle handpiece (by Dr. Robert J. Nelsen) and Dr. Ray Bowen's invention of the composite. Dr. Paffenbarger, considered a modest leader—he was never referred to as anything higher than senior research associate even though he was the director—had a sense of humor about how political research could be: "Calculations based upon the relative serviceability of the composite and silicate cement restorations, the average fees for each, the number of practicing dentists and the number of composite restorations placed annual-

ly show an annual savings of \$284 million for dental patients," the report said. "These calculations done in 1975 show a savings of \$80 million over the combined budgets of sponsoring agencies, the National Institute of Dental Research, NBS and ADA. So when the congressmen and senators want to know how much was really accomplished by the research money they made available, here is one ready reply."

He wrote of a time during the 1960s when NBS considered abandoning research associate programs including all applied research. The ADA fought hard, he said, and eventually partnered with NIDR—a partnership that continues today—to keep the research unit alive.

The PRC is supported by an annual grant from the ADA to the ADAF, by in-kind contributions and project support from NIST, and by research grants from the National Institutes of Health, primarily the National Institute of Dental and Craniofacial Research (formerly NIDR.) Corporate contracts and grants also provide some research support.

For more information, contact the PRC by email at "PRC@ada.org" or call Dr. Gary Schumacher at 1-301-975-6805 or Dr. Carey at 1-301-975-6107. ■

—garvinj@ada.org

ACP

Continued from page one

early lesion. Some precipitated apatite remains bound to the tooth's surface.

The compound's potential was discovered in 1991 by Ming S. Tung, Ph.D., chemist and researcher at the ADA Foundation Paffenbarger Research Center in Gaithersburg. PRC scientists believe that ACP is on the cusp of becoming commonplace in the dentist's office.

"This is the next big thing," said Clifton M. Carey, Ph.D., director, Independent Research and Grant Administration at PRC. "This is the first big thing that could replace fluoride."

Said Dr. Daniel Meyer, senior vice president, ADA Science/Professional Affairs: "It has the potential of being a major ingredient in products designed for remineralizing hard tissues, including bone, enamel and dentin. It depends not only on the material, but the way products are designed along with the mechanisms to deliver the material to the appropriate areas.

"The technology needs to be evaluated in a variety of products or delivery systems under different clinical conditions before we can make such a major statement or claim," he added.

ACP mainly works by enhancing the natural healing process of saliva. It can also help prevent future caries and secondary cavities. Because traditional restorations merely seal the hole, they cannot cause a tooth to heal itself. By adding ACP to

the filling, a tooth can effectively regenerate.

That's what researchers hope. So far, Dr. Carey says only small cavities can benefit from the remineralizing potential of ACP, but as they continue testing, he hopes that one day advanced caries lesions will benefit as well as root canal therapy or possibly even bone fracture repair.

"Laboratory data show that ACP can reverse early caries," Dr. Carey said. "However, if a cavity has advanced significantly beyond the early stages, a dentist would still need to perform a traditional filling. Current research is investigating the inclusion of ACP in composites to prevent secondary caries."

To date, the Food and Drug Administration has approved products containing ACP for cosmetic purposes and in fluoride varnish, dental prophylaxis paste and an oral care gel. It has been successful as a dentin desensitizer and as a desensitizer added to professional bleaching products, said Dr. Gary Schumacher, PRC's associate director and chief of clinical research.

It was early in his research that Dr. Tung discovered the desensitizing benefit.

"Gum recess, dentin exposure, tooth whitening and post root-planing cause dentin sensitivity



Dr. Carey



Dr. Skrtic



Dr. Tung

through the dentin tubules," he said. "Occluding or filling the dentin tubules will prevent the sensitivity. ACP is the ideal material for this since it has the consistency like the paste which is very effective in fill the holes. ACP also has the same chemical composition as and converts to the tooth mineral."

Dr. Tung has ACP patents that are licensed for toothpaste, oral rinses, remineralizing gels, varnishes, topical desensitizers, sealants and prophylaxis pastes. Another PRC scientist Drago Skrtic, Ph.D., holds ACP patents for sealants, orthodontic cements and remineralizing gels.

The first professional product to be patented was a tooth desensitizing kit by Pentron Clinical Technologies. The first consumer product containing ACP, Enamelon toothpaste, debuted in 1999.

Products currently on the market include the Enamel Pro Series from Premier Dental, a prophyl-

paste that debuted in 2006 and a fluoride varnish that debuted in February at the Chicago Midwinter meeting that can be directly applied to the teeth. There also is Enamel Care toothpaste by Church and Dwight, tooth-bleaching gel, oral care gel, varnish and desensitizing products where a clinician can mix drops to make a paste to apply. An orthodontic cement by Bosworth is good for kids having a hard time cleaning their braces.

"People, primarily adolescents who are receiving orthodontic treatment, have greater difficulty cleaning around the brackets and the brackets themselves are food traps," Dr. Schumacher said. "After treatment when the brackets are removed, white zones of demineralization often exist on the tooth around the perimeter of the bracketed area. The orthodontic bracket cement containing ACP will release calcium and phosphate when the pH level of the plaque drops below the critical level to prevent the decalcification zones from ever occurring."

Future products could include mouthwash and chewing gum. PRC researchers are currently working to get ACP into an injectable paste for root canal sealers, Dr. Schumacher added.

ACP is also helpful for patients who complain about the discomfort that often accompanies whitening. Gels that contain ACP generally reduce that problem. The peroxide found in whitening gels also effectively mixes with the ACP.

For more information about ACP, email "PRC@ada.org" or call 1-301-975-6806. ■

—garvinj@ada.org

ADAF funds dental Intel science fair competition

BY JENNIFER GARVIN

Albuquerque, N.M.—The ADA Foundation once again sponsored the Intel International Science and Engineering Fair as a way of stimulating interest in oral health research and to recognize the work of young scientists.

Drs. Valerie Murrah, a member of the ADA's Council on Scientific Affairs, and John Kuehne, director, ADA research and laboratories, served as judges.

This year the ADAF increased sponsorship to three awards (\$2,000 for first place, \$1,000 for second place and \$500 for third place.)

First prize went to high school sophomore Yale Stern Michaels of Winnipeg, Manitoba, Canada, for his project entitled, "Probing for Cancer with Smart shRNA." The student developed a novel RNA probe designed to detect expression of the SV40 large tumor antigen, a viral oncogene.

Second prize went to the team of Fei Chen and William Decker Neiswanger of Beaverton, Ore., for their project, "Increased Precision, Versatility and Control in Laser-based Surgeries through the Intersection of Superimposed Varied Frequency Lasers." The project created a novel laser beam with controllable periods of constructive and destructive interference.

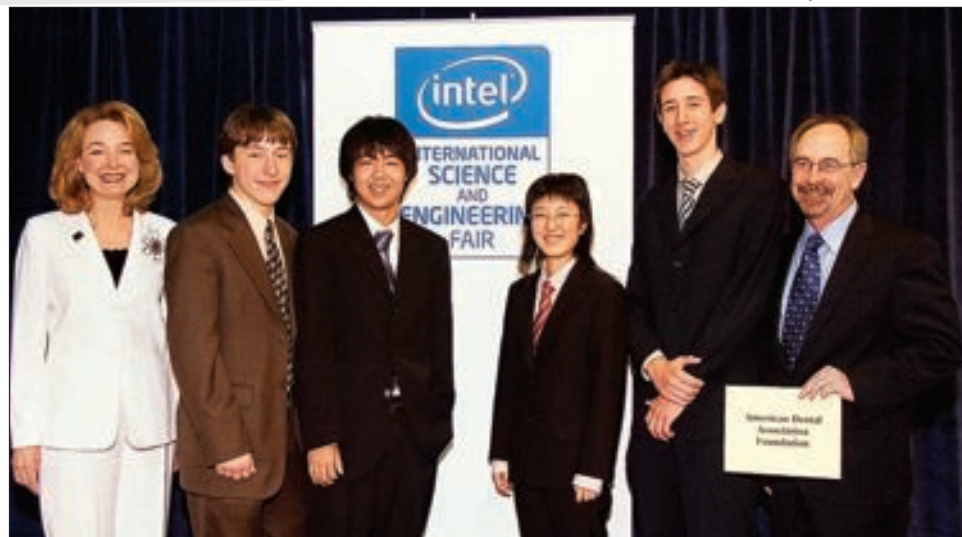
Third prize went to junior Heng Jiao of Shanghai, China, for his project, "A Novel Cyclodipeptide with a Significant Anti-tumor Activity from a Marine Bacillus," which isolated a cyclodipeptide from marine bacillus that proved to induce apoptosis in tumor cells in vitro and in vivo.

The Intel ISEF is held each May and is the

world's largest pre-college celebration of science, bringing together more than 1,200 high school students from 40 countries.

Organizations representing a wide variety of scientific disciplines affiliate with the Intel ISEF as Special Awards Organizations. Special Awards sponsorship is open to corporations; scientific, mathematical, and engineering societies; agencies of the federal government; and colleges and universities.

For more information, visit "www.sciserv.org/iseff/about". ■



Brain trust: Drs. Valerie Murrah and John Kuehne congratulate the ADA Foundation's winners. From left: Dr. Murrah, William Decker Neiswanger, Heng Jiao, Fei Chen, Yale Stern Michaels and Dr. Kuehne.

JCAHO names new president effective Jan. 1

The Joint Commission Board of Commissioners has appointed Mark R. Chassin, M.D., as the next Joint Commission president effective Jan. 1, 2008.

Currently, Dr. Chassin is the Edmond A. Guggenheim Professor of Health Policy and chairman of the Department of Health Policy at The Mount Sinai School of Medicine, New York, and executive vice president for Excellence in Patient Care at The Mount Sinai Medical Center.

Prior to joining Mount Sinai, Dr. Chassin served as commissioner of the New York State Department of Health. He is a board-certified internist and practiced emergency medicine for 12 years.

His background also includes service in the federal government and health policy research.

The Joint Commission's 29-member Board of Commissioners includes its vice chair, Dr. David A. Whiston, an oral and maxillofacial surgeon from Falls Church, Va., and former ADA trustee (1992-1996) and president (1997-1998).

Dennis S. O'Leary, M.D., who served for 20 years as Joint Commission president, will become president emeritus on Jan. 1.

For more information about the Joint Commission, log on to "www.jointcommission.org". ■

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No coupon accepted. Offer expires August 31, 2007

ADA refutes antifuoridation messages in media reports

BY CRAIG PALMER

Washington—The Association is working with national media outlets and advising the tripartite membership on a resurgent opposition to community water fluoridation. An opposition coalition recently urged Congress to renew a fluoridation inquiry that waxed and waned in the 1950s and early 1970s.

No hearings are planned by congressional committees, but there has been an uptick in media interest in fluoridation.

"Absolutely fluoride is safe," Dr. Sally Cram, ADA consumer advisor, told the Washington, D.C., ABC-TV affiliate. "It's effective. It has reduced the decay rate in the population by about 20-40 percent over the last 60 years." The WJLA-TV "fluoride controversy" transcript is available online.

The Association is also working with a national news magazine on what may be a similar report, said Dr. James B. Bramson, executive director. "Once [the magazine] publishes the article, we will notify tripartite societies and individual members and provide them with information to help them reply to questions about fluoridation from local media, public officials and patients."

In an Aug. 10 "Dear Friends" e-mail message, Dr. Bramson cited the recent television report. The purpose of the e-mail was to address what he characterized as "misstatements," "half-truths" and other "disservice to the public" from statements made in the WJLA report and to offer links to accurate information. The italicized statements that follow are from a transcript of the WJLA "fluoride controversy" report.

Water fluoridation has not been proven safe.

In fact, community water fluoridation has been

Health&Science

OnlineXtra
www.ada.org/goto/newsextra

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

studied extensively. There are hundreds of scientific reports, many in peer-reviewed publications like the Journal of the American Medical Association and the American Journal of Public Health, showing that water fluoridation, aside from being an effective means of preventing dental disease, does not contribute to the adverse health conditions attributed to it by fluoridation opponents. In addition to the ADA, nearly 100 national and international organizations recognize the public health benefits of community water fluoridation for preventing dental decay. They include the World Health Organization, the U.S. Public Health Service, the American Medical Association and the American Academy of Pediatrics. (The ADA Statement on Fluoridation's Safety and Efficacy is available online and links to it and other sources cited in this article are available via Online Extra, "www.ada.org/goto/newsextra".)

A 2005 Centers for Disease Control and Prevention study found too much fluoride has caused irreversibly discolored teeth in one out of three children.

The alarming words "irreversibly discolored" do a disservice to the public. The actual statistic is 32 percent and refers to "mild fluorosis," which is often so slight that only trained professionals can notice it during dental examinations. In fact, the

CDC report that included this statistic actually found that overall oral health has improved drastically in recent years, in large part because of preventive measures such as dental sealants, regular dental visits and community water fluoridation. The CDC's mention of fluorosis is only incidental to the overall report. The CDC Division of Oral Health continues to support expansion of community water fluoridation throughout the nation. (More is available online from the CDC's "Frequently Asked Questions" Web Site on Water Fluoridation.)

A major report by the National Academy of Sciences says toxic levels can lead to severe, permanent pitting of the enamel in children. Fluoride can also build up in the bones to cause pain, stiff joints and skeletal abnormalities when they get older.

This statement is another half-truth and doesn't convey the full import of the NAS study in question. The study only addresses the levels of naturally occurring fluoride in drinking water that exceed the Environmental Protection Agency's current recommendations. The report in no way examines or calls into question the safety of community water fluoridation, which is the process of adding fluoride to public water supplies to reach an optimal level of 0.7-1.2 ppm in order to protect people against tooth decay. (These reports are available online: ADA Statement on Fluoride in Drinking Water: A Scientific Review of EPA's Standards; Questions and Answers on the NAS Report.)

More information about the Association's community water fluoridation policies is available by calling the Council on Access, Prevention and Interprofessional Relations via the ADA toll free number, Ext. 2862. ■

—palmerc@ada.org

Panel reviews bisphenol A for report

BY JENNIFER GARVIN

Alexandria, Va.—The National Toxicology Program Center for the Evaluation of Risks to Human Reproduction convened an expert panel here Aug. 8 to review and assess the potential reproductive and developmental hazards of bisphenol A.

This was the second meeting of the 12-member panel, which concluded that while there is reason for "some concern" that BPA exposure causes neural and behavioral effects for pregnant women and fetuses, infants and children, there is "minimal" or "negligible" concern that the chemical causes acceleration in puberty or birth defects.

The panel focused on bisphenol A in polycarbonate plastic and epoxy resins which are used in food and drink packaging or as lacquers to coat food cans and bottle tops. Concerns were raised as to whether some polymers used in dental sealants could contain trace amounts of bisphenol A.

The panel reviewed and evaluated scientific data based on three areas: human exposure, reproductive toxicity and developmental toxicity. It will issue a final report on the CERHR Web site this fall. For more information, visit "www.ada.org/prof/resources/positions/statements/bisphenola.asp". ■

Grant helps Michigan launch varnish program

BY STACIE CROZIER

Lansing, Mich.—A \$250,000 grant from Delta Dental of Michigan will help the Michigan Department of Community Health launch a new varnish program for low-income children from birth to age 5.

Varnish! Michigan will reach up to 22,000 Early Head Start and Head Start students statewide, providing early intervention to prevent or reduce dental disease. The program is expected to reduce decay between 48 and 60 percent in this group of children.

"Fluoride varnish is safe, simple to apply and an ideal treatment to offer in community-based programs like Head Start," said Thomas J. Fleszar, Delta Dental president and CEO. "Our mission at Delta Dental is to improve oral health. I cannot think of a more appropriate initiative to support than Varnish! Michigan, which will help thousands of young children get off to a healthy start by preventing tooth decay."

"Many of these children in this group have little to no access to dental care, and the unfortunate result is that by the time they reach third grade, one in four Michigan children have untreated dental disease," said Janet Olszewski, MDCH director. "We know that most dental disease can be prevented, and we are grateful to Delta Dental for stepping forward with this generous contribution to make sure at-risk children throughout the state get the protection they need."

In Michigan, 20 percent of children suffer from 80 percent of chronic tooth decay—children with little to no access to dental care. Nearly one in 10 third grade children in the state have immediate dental care needs with signs or symptoms of pain, infection or swelling. ■

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Economics

Continued from page one the Use of Amalgam Restorations," led by researcher Tryfon Beazoglou, Ph.D., concentrates on the financial impact of a ban on amalgam for three population segments: the entire population, children and women of childbearing age.

Dr. Beazoglou, a professor of dental economics and practice management at the University of Connecticut School of Dental Medicine, says he wasn't surprised by the findings. He hopes that legislators will take them into account before considering any restrictions.

"There is no scientific evidence that amalgam leads to any adverse health outcomes," he says, adding that without amalgam, the population segments most affected will most likely choose to have their teeth extracted.

Dr. Beazoglou was assisted in the study by Dr. Stephen Eklund, Dennis Heffley, Ph.D., Dr. Jonathan Meiers, Dr. Brown and Dr. Howard Bailit.

Dr. Caswell Evans, associate dean for prevention and public health at the University of Illinois at Chicago College of Dentistry, hopes the article will find traction among supporters of amalgam.

"I think the article provides more support and evidence for people who are concerned about not banning amalgam," says Dr. Evans, who is also the president of the American Association of Public Health Dentistry. "It's a safe and inexpensive alternative to composite resins, and to not have amalgam as a service for patients creates problems."



Dr. Brown



Dr. Evans

The study used claim and enrollment data from Delta Dental of Michigan, Delta Dental of Ohio and Delta Dental of Indiana as well as the 2005 ADA Survey of Dental Fees and Dental Services Rendered and estimated the per capita use and annual rate of change in amalgam restorations for each age, gender and socioeconomic subgroup.

The researchers also used population projections to get a national estimate of amalgam use and consulted the Consumer Price Index to estimate the annual rate of change in fees. Finally, the group calculated the number of amalgams affected by the regulation and the fees for the years 2005-2020.

The researchers' additional conclusions include:

- Without amalgam, the average price of restorations would go from \$278 to \$330 (an 18.7 percent increase);

- As the prices increase, they estimated there would be 15,444,021 fewer restorations each year;

- A ban on amalgam would increase the use of

crowns and composite resins, both of which are more expensive;

- Even limiting the ban to children would mean an increase of \$1.1 billion the first year and \$13 billion over a 15-year period.

"As a practicing dentist, it is very important for me and my colleagues throughout the country to have a broad range of restorative dental materials available to provide the most appropriate care for patients in our practices," ADA President Kathleen Roth says. "Scientific studies supported by the Centers for Disease and Control and Prevention, National Institutes of Health and the World Health Organization and others continue to support the safety of dental amalgam as a restorative material and it remains an important option for our patients today."

The article notes that a limitation of the study is that the U.S. lacks a database on the number of restorative services provided each year. It backs up the conclusions by saying that the authors believe the insurance claims from Delta Dental provide "a reasonable approximation" as does ADA survey data.

The authors also point out the lack of a price elasticity estimate, which means the conclusions estimate the potential number of untreated teeth as a result of a ban.

Public Health Reports is the official journal of the U.S. Public Health Service and is a partner of the Association of Schools of Public Health. It is widely read by the general public health and health policy community.

To see the article in its entirety, visit "www.ada.org/prof/resources/topics/amalgam_economic_impact.pdf". ■

—garvinj@ada.org

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Using your handpiece, simply remove 1-2 mm of material from the areas to be modified. This eliminates the most-contaminated layer and roughens the surface. Apply the MacroHARD bonding agent, and let it dry.

Then express MacroHARD from your impression gun, seat the denture in the mouth and manipulate the lips and cheeks to mold the borders. MacroHARD's reinforced polymer formula is thixotropic like Blu-Mousse, so it doesn't flow as it comes out of the gun. It stays where you express it - until you seat it in the mouth. Then it spreads evenly over the tissue.

After five minutes in the mouth, remove the prosthesis. At this point you have the option of either popping it into a pressure cooker - or letting it bench-set for 2 minutes and then returning to the mouth for the final set (about 2 minutes).

Trim and polish as usual. Then brush the appliance with toothpaste and deliver it to the patient.

SUPER-FAST SOFT RELINES

Unlike acrylic-based soft relines, MacroSOFT's silicone elastomer won't stiffen with age, so the denture retains its cushioning resilience. Its hydrophobic formula reduces water absorption (less discoloration and odor) and includes special resin additives for tear-resistance.

The proprietary MacroSOFT® bonding agent is built around a molecule we synthesized in our laboratory. It chemically grafts the soft reline material to the old denture base to resist peeling and leakage.

Here's how ...

Relining a denture with MacroSOFT is almost as easy as taking an impression. After removing a couple millimeters of the denture base to create some room, apply the MacroSOFT bonding liner and let it dry.

Using your impression gun, express MacroSOFT into the prosthesis and seat it in the mouth. After border-molding, have the patient hold centric while the reline sets. There's no heat. No taste. And the reline is out of the mouth in just 5 minutes.

Then just trim the excess material. The brush-on glaze included with the kit lets you seal the trimmed margins.

And a 3 month risk-free trial.

Though we ask you pay within a month, you have our word that if you decide MacroHARD or MacroSOFT isn't what you're looking for, you can call us any time within 3 months. We'll have whatever remains of the kit picked up at our expense and we'll give you all your money back, including the original shipping charges.

MacroHARD and MacroSOFT are designed for acrylic dentures. They will not bond to nylon Flexite® or Valplast®.



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☐ MacroSOFT reline kit and tell me \$119.95 plus shipping and handling. Includes 50ml cartridge of MacroSOFT reline silicone, 15ml MacroSOFT bonding liner, 12ml glaze, mixing tips, brushes.

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AnnualSession

What's new at annual session?

San Francisco—There have been several big changes for the ADA's annual session since it last convened in San Francisco in 2003—changes that will make your annual session experience more convenient and exciting.

All continuing education courses are now ticketed, including fee, no-fee, workshops and Education in the Round courses.

"This year is the fourth year the ADA has ticketed all courses," Dr. Jeff Brucia, general chair, Council on ADA Sessions 2007 Committee on Local Arrangements. "And this year—for the first time—room numbers will be listed on all tickets mailed to attendees who register before Sept. 7, in response to attendee survey responses asking us to make it easier to find their CE course rooms."

Attendees who register in advance are able to secure their place in the CE courses of their choice, receive their tickets in the mail before annual ses-

sion and bypass on-site registration.

Annual session's convention center space will expand into Moscone West for registration, the House of Delegates meetings and the General Sessions and Distinguished Speaker Series events.

"Moscone West, which had just opened when we were in San Francisco last time, is now a more integral part of our meeting," said Dr. Brucia. "We moved a number of things there in order to be able to maximize classroom space. Several CE courses will also be held at the Westin



San Francisco and the Parc 55 Hotel."

New CE opportunities for 2007 include the premiere of the ADA's Education in the Round, the Refinement Series and seven new educational tracks. These new CE strategies offer specialized learning opportunities designed to give you a more thorough continuing education experience.

Also new for 2007, the World Marketplace Exhibition has a new name that reflects the growing number of international participants in the ADA annual session. Celebrate by attending

the new Exhibit Hall Closing Party from 3-5 p.m. Sept. 29, when you can wrap up any unfinished business with exhibitors and network with peers. Eight stations located in the North and South Halls will serve several varieties of California wines.

New stars will grace the stage at this year's annual session. Join us at the ADA Distinguished Speaker Series Sept. 28 and 29 to hear Barbara Walters and Lance Armstrong, respectively, share their inspiring stories. This event is free to all annual session registrants and no ticket is required. And tickets are still available for a special ADA-exclusive performance by legendary comedian Billy Crystal Sept. 29.

There's still time to register in advance for annual session. But hurry, advance registration closes Sept. 7. Log on to "www.ada.org/goto/session" now to make your plans. ■

A global experience

Shop, save and sip at the ADA's World Marketplace

San Francisco—Discover a whole new world of products and services and continuing education opportunities during annual session when you explore the ADA World Marketplace.

More than 700 companies will showcase dentistry's latest innovations.

The World Marketplace will be open Thursday through Saturday, Sept. 27-29, 9:30 a.m.-5:30 p.m. The exhibits are split into two easy-to-navigate halls, one in Moscone North and one in

Moscone South. The halls are connected by a short walkway.

Annual session attendees should plan plenty of time to explore the World Marketplace. Visit the annual session Web site and create your shopping list or view the floor plan—all with a few clicks of a mouse. Make the most of your valuable time in San Francisco by planning in advance.

Save money on vendor products and services throughout the ADA World Marketplace when you use your exhibitor coupon book. The 2007 book has coupons from ADA exhibitors redeemable throughout the World Marketplace for product discounts, free products and cash rebates.

Be sure to enter the Super Sweepstakes using the game piece on the back of the coupon book—with a chance to win the grand prize—a \$10,000 shopping spree, plus lots of other daily prizes (see rules for details).

Pick up informational materials at the Exhibitor Literature Kiosk, where you can also find the Dental Trade Alliance's ShowADvantage publication, containing valuable coupons and an opportunity to win \$2,000 in dental merchandise from an exhibitor.

You can also pick up your free annual session tote bag at four locations in Moscone North and South.

Take home a memento of your trip to San Francisco by posing for a complimentary souvenir photo at the ADA Photo Stage in Moscone South.

Make sure to visit the ADA Pavilion, Booth 1302 in Moscone South, for your golden opportunity to evaluate intraoral cameras with the ADA Professional Product Review team; meet the Give Kids A Smile Tooth Fairy and ADA Mascots Dudley and Dee Dee; and learn more about important ADA initiatives, including Oral Health Literacy, OralLongevity, Dental Education: Our Legacy—Our Future; and the expanded Give Kids A Smile program.

Pick up your free 2007 Commemorative Pin at the ADA Pavilion; limit one per dental professional while supplies last. Also at the ADA Pavil-



ion—receive the 3rd annual limited edition The New Yorker cartoon poster with a purchase of \$25 or more from the ADA Catalog or the ADA Store.

New for 2007, earn one CE credit just for attending the annual session. Visit the New Product Showcase in Moscone North for your verification code, and check out the hottest new product launches from annual session exhibitors.

Earn CE credit and learn how to create a business environment where employees help create and fulfill an inspiring vision, at one of three special presentations by "The World Famous Seattle's Pike Place Fish Market Team," Sept. 27, 2-2:45 p.m., 3-3:45 p.m. or 4-4:45 p.m.

Learn more about how to manage your investments and earn CE credit by attending three one-hour lectures Sept. 28 by Brian C. Hufford, CPA, CFP. Courses include: "Achieving Wealth by Balancing Needs, Wants and Savings," 10:30-11:30 (course 6379); "A One-Hour MBA in Debt Management," noon-1 p.m. (course 6389); and "Slash Your Taxes with PPA 2006, the New Pension Laws," 1:30-2:30 p.m. (course 6399).

Wrap up your annual session by enjoying local wines at the Exhibit Hall Closing Party, Sept. 29, 3-5 p.m. And don't forget to complete the entry form found in your exhibitor coupon book for a chance to win a closing party raffle prize. (Winner must be present.)

For more information, log on to "www.ada.org/goto/session". ■

CE courses help you design your future

San Francisco—Matsco, an ADA Member Advantage-endorsed provider of practice financing programs, is sponsoring two continuing education courses at annual session.

- "Preparing for Practice Ownership" (Course 5114), Sept. 27. A half-day seminar teaches new graduates and associates how to make the transition to practice owner. Expert advice ranges from goal setting and business planning to financial education and preparation. Key learning outcomes include determining whether to buy or build, developing a business and financial plan; and understanding your financing options.

- "Building Your Dream Office" (Course 6106), Sept. 28. A comprehensive one-day design seminar will teach doctors how to plan, design and build a new dental office. An interactive educational forum combines classroom style presentation with small group discussion—addressing everything from design and technology to project planning and financing. Key areas of focus include business planning and project financing, space planning and interior design, and equipment and technology strategies.

"We are proud and honored to bring these innovative educational programs to annual session," said Allison Farey, president of Matsco. "Continuing our tradition of practical education and professional resources that help practices thrive, our partnership with the ADA has helped us develop new courses and improve existing ones, which will benefit the entire dental community."

Matsco is also hosting the 8th Annual Matsco Dental Office Design Competition. Be the first to see the 2007 Dental Office Design of the Year at the first-ever live announcement of winners, and also receive one hour of CE credit. Competition categories include Dental Office Design of the Year; Outstanding Design Efficiency; Outstanding Systems and High-Tech Integration; and Outstanding New Dentist Practice.

Competition viewing takes place on the second floor of Moscone West and is open Sept. 26 through Sept. 28. ■

Your first annual session? A welcome awaits



San Francisco—Are you attending your first ADA annual session this year?

Be sure to visit the First-Time Attendee Orientation Center located on the second floor of Moscone West in the registration area for some guidance in navigating your way throughout the convention center.

Sponsored by Straumann, the First-Time Attendee Orientation Center is a place to pick up your annual session tote bag, rest your weary feet and learn more about daily programs and activities.

Tripartite Grassroots Membership Initiative volunteers and members of the Council on Membership will be on hand to answer your questions.

The center's hours are: Wednesday, Sept. 26 (noon-5 p.m.); Thursday, Sept. 27 (7:30 a.m.-5 p.m.); Friday, Sept. 28 (7:30 a.m.-5 p.m.); and Saturday, Sept. 29 (7:30 a.m.-5 p.m.). ■

Great gifts, practice essentials and more await at the ADA Store

San Francisco—The latest in ADA patient education materials, practice management resources and unique dental-themed gifts are among the myriad of choices awaiting you next month at ADA annual session.

New ADA Catalog products to debut at the ADA Store (located in the Moscone North Lobby) this year include:

- Practice Management Kits—Save yourself time and money by purchasing a set of reference materials to ensure that you have all the information you need at your fingertips, and at a discounted price. Kit topics cover Current Dental Terminology 2007-2008 (CDT 2007-2008), regulatory compliance, HIPAA and the Office Essentials Kit, a tool to help the dentist and staff and ensure the practice runs smoothly and profitably. The kit includes four best-selling must-have titles—Fast Track Training, CEO Crash Course, Employee Office Manual and Protecting Your Office From Fraud and Embezzlement.
- CDT Companion—This resource helps you



Best sellers: Four must-have titles to help the dentist and staff and ensure the practice runs smoothly and profitably—Fast Track Training, CEO Crash Course, Employee Office Manual and Protecting Your Office From Fraud and Embezzlement.

develop and enhance your understanding of the current dental codes, including the Code's structure, major Code changes effective in 2007, and how to apply the Code through clinical practice scenarios. Also included are sections on dental/medical cross coding and a HIPAA overview, tips on filling out a claim form correctly, submitting electronic claims and obtaining your National Provider Identifier.

• Personalized holiday products—Did you know the ADA now offers an array of personalized products? Start your holiday shopping early at annual session. We have greeting cards, postcards, tote bags and 2008 calendar magnets so you can send sparkling holiday wishes to patients and colleagues—a great way to build your practice.

• Patient education brochures—topics like antibiotics and dental treatment, osteoporosis medications and dental health, braces and more are among the new titles.

Every year at annual session, the ADA Store also offers a variety of unique gifts.



Session souvenirs: The ADA Store at annual session will have a variety of unique gifts available.

This year, choose from frogs that dispense floss; wine accessories (bottle stoppers, wine glass charms, wine glasses with annual session logo); custom apparel for men, women, children and infants with the annual session logo and Dudley and Dee Dee the Dinosaurs; dental-themed jewelry; plush animals; “flashing” mouthguards; and everyone's favorite, the tooth superbowl. Shop early for the best selection.

Store hours are Thursday through Saturday, Sept. 27-29, from 9 a.m. to 6 p.m.

In addition to the ADA Store, you'll find catalog products in the ADA Pavilion (Booth 1302 Moscone South Hall). Both the Store and Pavilion will showcase new products, daily events, drawings and specials. Buy at the Store or place an order on-site and have it shipped to your office. ■

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➤ Dental Arts Laboratories, Inc. • Peoria, IL (\$139 plus shipping)	800-227-4142	
➤ DSG Dahlin Laboratory • Lakewood, CO (\$149 with no shipping charge)	800-536-8241	
➤ New Image Dental Laboratory • Atlanta, GA (\$179 plus shipping)	800-233-6785	
➤ DigiTech Dental Restorations • Miami, FL (\$139 plus shipping)	888-274-2480	
➤ Smith-Sterling Dental Labs • Costa Rica (\$139 with no shipping charge)	800-479-5203	
➤ BDL Prosthetics • Irvine, CA (\$139 plus shipping)	800-411-9723	
➤ Riverside Dental Ceramics • Riverside, CA (\$139 plus shipping)	800-321-9943	
➤ New West Dental Ceramics • Lake Havasu City, AZ (\$139 plus shipping)	800-321-1614	
➤ Glidewell Laboratories • Newport Beach, CA (\$139 plus shipping)	800-854-7256	

Universal health coverage, oral health care, dentistry

HOD discussion 'to inform and to gather feedback on complex issues to help the ADA become more effective'

BY JENNIFER GARVIN

San Francisco—For the fourth year in a row, the ADA will hold an interactive mega topic discussion session at annual session.

This year's House of Delegates Strategic Discussion Session will be Friday, Sept. 28, from 1-3 p.m.—just prior to the 3:30 opening session of the House—at the San Francisco Marriott, Yerba Buena Salon 9.

The topic will examine the impact, if any, of potential universal health coverage on oral health care and dentistry.

"The aim of the session is to inform and to gather feedback about new and complex issues to help the ADA become more effective," said Dr. J. Thomas Soliday, ADA speaker of the House.

"Universal coverage is an issue that is becoming

AnnualSession

more visible as the 2008 elections get closer and other forces begin to assert pressure around health care economics and access. This year there is opportunity for dialogue among the delegates since there are no pending decisions on this issue before the HOD in 2007," Dr. Soliday continued.

The format will be similar to last year—which focused on the ADA's potential public affairs approach—with small table discussions. The results of the discussions at each table will be collected and compiled by the consultants and posted by ADA on the House of Delegates site on ADA.org as they were in 2006.

The targeted session outcomes are:

- Understand the complexities of "universal health" coverage; its varied definitions and assumptions.

- Explore how dental/oral health care issues might be positioned within "universal health coverage."

- Identify areas in the subject that are attractive to dentistry and those representing shifts in thinking that are uncomfortable for dentistry.

New this year is continuing education credits for completing the session and requisite form/sign in. (Certificates will be mailed after the session.)

Participants must be ticketed delegates or their alternates. The district trustees will distribute tickets to delegates during the pre-annual session caucuses. In the event a delegate is not able to participate, the ticket may be given to an alternate delegate. A limited number of spaces will be available for others to attend as observers; however, an actual discussion participant must be a delegate or alternate and have a ticket. ■



Photo by Languette Studio

Painless: Dr. Mary Conicella of Pittsburgh is prepped for her blood draw at the Health Screening Program at annual session in Las Vegas Oct. 17, 2006.

Are you healthy? Find out at session

BY JENNIFER GARVIN

San Francisco—The ADA Health Screening Program has come a long way since 1964, when the screenings were introduced as a way to help make the dental office safer for dentists and patients.

Now in its 44th year, the ADA Foundation-sponsored program continues to remain a popular draw at annual session, evolving into a cutting-edge research program that now features 14 screening stations.

ADA | FOUNDATION

American Dental Association Foundation

Thirty years ago, the HSP featured just six screenings compared to today when the potentially lifesaving screens include those for head, neck and oral cancer; cardiovascular disease; hepatitis B and C; and Type 2 diabetes.

This year's HSP will be held in the Moscone Center, West Building, Level 2.

So far, the online registration process has booked more than 84 percent of available appointments. Visit "www.ada.org/ada/prod/adaf/prog_research_screening.asp#participate" to book an appointment and avoid waiting in line.

Daily appointments available online are at 7:30 a.m., 8:30, 9:30, 10:30 and 11:30 Sept. 27-29 and 7:30 and 8:30 a.m. Sept. 30.

Those dentists who don't book appointments in advance can participate as walk-ins from 12:30-3:30 p.m. Sept. 27-29 and from 9:30 a.m.-noon on Sept. 30.

Hygienists, chairside assistants and dental students will only be seen during walk-in hours.

All participants are strongly encouraged to complete an online questionnaire in advance by logging on to "www.directsurv.net/ada2007.asp". This will help you get through the HSP much faster.

Other health screenings offered this year:

- Blood pressure and weight;
 - Comprehensive metabolic panel;
 - Hemoglobin A1c screening for type 2 diabetes;
 - EKG;
 - Hepatitis B;
 - Hepatitis C;
 - Latex hypersensitivity;
 - Carpal tunnel.
- For a nominal fee, participants can also choose to add elective screenings, including:
- C-telopeptide (osteoporosis) \$79;
 - Prostate specific antigen (PSA) \$29;
 - Thyroid stimulating hormone (TSH) \$24;
 - VAP cholesterol test \$59.

For more details, contact Sharon Myaard, staff coordinator for the HSP, by calling toll-free, Ext.2549, "myaards@ada.org" or log on "www.ada.org/ada/prod/adaf/prog_research_screening.asp". ■

Session goes green

Technology-driven, eco-friendly changes aimed to save paper

San Francisco—The ADA is going green for annual session with a goal to use 50 percent less paper for this year's meeting.

Each continuing education participant will receive a crisp, double-sided course outline with room for taking notes for each course.

Complete course materials—such as PowerPoint presentations—can be downloaded online at "www.ada.org/goto/session" before, during or after the annual session, whenever it's most convenient for you.

Materials will be posted, as permitted by each presenter, Sept. 10 through Oct. 14.

The Council on ADA Sessions hopes these technology-driven, eco-friendly changes will augment your education, save a few trees and enhance your on-site annual session experience. ■



Register early to save money

San Francisco—Register for the ADA's annual session by Sept. 7 to save time and money, and reserve your place in continuing education courses and San Francisco hotels of your choice.

Those who register in advance can bypass registration lines at the Moscone Center since they will receive their badges and tickets by mail before annual session. And, those who register in advance save money on registration and course fees, which increase on-site.

Register today and save at "www.ada.org/goto/session", or complete and mail or fax your registration form in the preliminary program. ■

Award-winning course by Dr. de Matos at session

San Francisco—Dr. Gabriel R. de Matos will present his award-winning course on treating malocclusion in deciduous and mixed dentitions at the ADA annual session.



Dr. de Matos

Winner of the scientific presentation contest at this year's Congresso Internacional de Odontologia de São Paulo—Latin America's largest dental meeting—Dr. de Matos won his trip to annual session along with the chance to present his program to U.S. dentists attending the meeting.

Dr. de Matos will present "Malocclusions in the Deciduous and Mixed Dentitions Early Treatment," presented Sept. 30, 9:15-11:45 a.m. A Portuguese interpreter will be present. The course is free (Course 8314). Reserve your seat online at "www.ada.org/goto/session". ■

Annual session offers special courses, events for federal dentists

BY KAREN FOX

San Francisco—Dentists in the military, Veterans Affairs, U.S. Public Health Service or other federal employment positions will find a number of valuable programs and events at the ADA annual session next month:

- "Dental Careers in the Federal Services: Options for New Graduates and Experienced Practitioners"—Why did you choose a career in federal dentistry? How involved is federal dentistry in military deployments throughout the world? How does federal dentistry differ from private practice? Find out at this course on Saturday, Sept. 29, from 2:45-5:15 p.m.

Earn 2.5 CE credit hours and learn firsthand from experts on dentistry's role in the federal services. The course is moderated by Michael Graham, senior congressional lobbyist from the ADA Washington office, and includes panelists/dentists Dr. John Ball, Department of Veterans Affairs; Capt. Edward Reeg, Navy; Maj. Robert Bogart, Air Force; Capt. James Schaeffer, U.S. Public Health Service; and Lt. Col. Dianne Pannes, Army.

- The ADA will host a reception for federal dentists Friday, Sept. 28, from 5:30-7 p.m. at the San Francisco Marriott (Yerba Buena Salon 8). All active duty federal dentists are invited to attend.

Finally, the Federal Dental Services annual session CE course track includes:

Thursday, Sept. 27

- "New Aspects of Dentistry 2007: Part I," by Dr. Gordon J. Christensen (Course 5101);
- "Creating Exquisite Provisionals," by Drs. Lee Ann Brady, Steve Ratcliff and Gary M. DeWood (Courses 5201/5209);
- "New Aspects of Dentistry 2007: Part II," by Dr. Gordon J. Christensen (Course 5111).

Friday, Sept. 28

- "Posterior Composite Restorations," by Dr. James M. Braun (Courses 6202/6209);
- "Immediate Function and Aesthetics in the Maxillary Endentulous Arch," by Dr. Carl E. Misch (Course 6104);
- "Digital Radiography: Are You Ready?" by Dr. Edwin T. Parks and Gail F. Williamson, RDH (Courses 6208/6217);
- "Aesthetic Maxillary Anterior Implants," by Dr. Carl E. Misch (Course 6102).

Saturday, Sept. 29

- "Perio Advances: Impact on Practice," by Dr. Sebastian G. Ciancio (Course 7101);
- "Making Rotary Endodontics Safe, Simple and Super-Efficient," by Dr. John D. West (Courses 7208/7218);
- "Treating Calcified Canals and Curved Roots," by Dr. L. Stephen Buchanan (Course 7102). ■

Save The World From Cavities enters fourth year with Sponge Bob promotion

Building on the momentum of the past three years, the ADA and Colgate are poised to once again sponsor "Save The World From Cavities," a campaign designed to encourage dental visits and preventive care among children.

"We're thrilled to continue our partnership with the ADA and be able to work with kids, parents and dentists to promote oral health," said Dr. Fotinos Panagakos, director of professional relations, Colgate-Palmolive Co. "Save The World From Cavities gives us a unique opportu-

nity to help children develop good dental care habits now for a lifetime of healthy smiles."

Beginning in late August, children can obtain a Save The World From Cavities form from the Internet ("www.savetheworldfromcavities.com") or participating dental offices, and have it stamped at their next dental visit. By sending the stamped form with two proofs of purchase from any Colgate toothpaste or toothbrush to Colgate, the child will receive a free battery-powered Colgate toothbrush.

As in previous years, Colgate will make another \$100,000 donation to the ADA Foundation to help advance programs that seek to improve the oral health of children.

Those planning to attend the ADA annual session next month in San Francisco can visit the Colgate booth (Booth 926 in the ADA World Marketplace) to pick up a Save The World From Cavities office display easel (pictured) with a tear pad of forms. The easels can also be requested at "www.colgateprofessional.com". ■



Oregon stalls fluoridation legislation

BY STACIE CROZIER

Salem, Ore.—House Bill 3099, which calls for statewide community water fluoridation, didn't make it out of the Joint Ways and Means Committee and to the floor of the 2007 state legislature.

The bill would have required cities with at least 10,000 residents to fluoridate their water supplies to prevent tooth decay.

"We're disappointed," said Brett Hamilton, spokesperson for the Oregon Dental Association, in an article in *The Oregonian* June 20. "We don't expect any more action on it this session."

According to data released by the Centers for Disease Control and Prevention in 2002, Oregon is the third least fluoridated state in the nation, with only about 23 percent of its citizens receiving the benefits of optimally fluoridated water through public water systems in 2000. States ranking below Oregon are Hawaii and Utah. ■

Employee termination scenarios sought for new publication

Dentists who have terminated an employee within the past five years and encountered challenges are invited to contribute their experiences to a new publication on the various legal issues that can arise with employee terminations.

The ADA is particularly seeking the following scenarios:

- terminations resulting in a lawsuit for discrimination;
- wrongful termination employee-related claims filings;
- terminations on drug-related violations;
- workplace violence or harassment policy violations;
- terminations of employees who took extended time away from work for pregnancy, medical or worker's compensation leave;
- termination of an associate for any reason.

Names will not be used. Examples of ADA members' real-life experiences that have happened within a dental practice will be useful in ensuring that the ADA publication covers key questions and scenarios. E-mail "legaldivision@ada.org" or call the toll free number, Ext 2874. ■

New Philips Sonicare FlexCare

Clinically proven to remove more interproximal and overall plaque biofilm than Oral-B Triumph and Sonicare Elite[†]

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Clinically proven to significantly improve gum health in only 2 weeks*

Simplicity is more than a brush, it's superior oral health.

Introducing FlexCare. Our most advanced sonic technology combined with the new ProResults brush head now makes brushing more effective for you and your patients.

To order your new FlexCare trial unit, contact your Sonicare representative at 1-800-676-SONIC (7664).

www.sonicare.com

PHILIPS sonicare

PHILIPS
sense and simplicity

[†]In vitro

[‡]Compared with Oral-B Triumph

[§]Compared with Sonicare Elite

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'It's time to be mentors'

Dentists, leaders embrace Our Legacy—Our Future's mission to address the challenges facing dental education

BY STACIE CROZIER

Last July, 61 partners with a vision of securing the future of dental education announced the public launch of an initiative designed to raise awareness of the challenges facing dental education, promote a culture of philanthropy within the profession and solicit a call to action to address the issues.

Dental Education: Our Legacy—Our Future, marking its first anniversary, has a lot to celebrate. The initiative has seen a 35 percent increase in partner participation in the inaugural year and now has 88 partners—including 95 percent of all U.S. dental schools and many dental specialty organizations.

One partner who joined the initiative in June is The Ohio State University College of Dentistry.

"The Ohio State University College of Dentistry is pleased and proud to be a partner in the awareness campaign," said Dr. Carole Anderson, dean. "We believe that this kind of partnership, focused on the important message of the need to support dental education, is of crucial importance to the future of the profession. Good oral health is a public health imperative and so the education of dentists and dental hygienists is critical in meeting that need. But dental education is very



expensive and our educational programs need private support if we are to continue our mission of educating future professionals."

By raising awareness, Our Legacy—Our Future will help its partner organizations to collectively raise more than \$500 million by the end of 2014 in order to address the issues facing the future of dental education.

Our Legacy—Our Future also held a two-day Dental Education Fundraising Academy, hosted by the ADA Foundation Aug. 9 and 10 at ADA Headquarters in Chicago. (See story, page 19.)

Helping partner organizations raise awareness has been a priority for Our Legacy—Our Future this year, said Dr. Kenneth Kalkwarf, Recipient Partner Division Chair and dean, University of Texas Health Science Center at San Antonio Dental School.

"Dental education creates the future of our

profession," said Dr. Kalkwarf. "It is obvious from my conversations with practitioners that Our Legacy—Our Future is getting the word out regarding the challenges facing dental education in the U.S., and how philanthropy is part of the answer to those challenges."

"Our Legacy—Our Future was born for two big reasons," said Dr. David Johnsen, Steering Committee vice chair and dean, University of Iowa College of Dentistry. "To raise awareness of the importance of dental education to the profession and the importance of supporting it and to encourage the dental practice community and the dental education community to work together as co-leaders for this specific issue. There will be issues to resolve along the way, as we work to build a relationship renewing shared values and mission, but the level of sophistication this initiative has already achieved is something that most of us couldn't have imagined last year."

What motivates dentists to become philanthropists? Dr. Ralph "Jim" Snelson, a former president of the Ohio Dental Association and a fundraiser for a variety of causes, said that dentists donate to support dental education when they feel an emotional bond to the cause they are supporting.

"My father was a dentist and my son is a dentist," said Dr. Snelson. "When I attended dental school at The Ohio State University, I was able to have the benefit of brand new facilities that helped me become the dentist I am today. Somebody was there for me, so I have an obligation to be there for the students that are there today."

A dedicated donor and fundraiser, Dr. Snelson also directed a \$17 million fundraising campaign for his local hospital and works to raise funds for his local United Way. He cheerfully donates and helps raise funds for his alma maters: DePauw University in Greencastle, Ind., and OSU.

"There's an old saying, 'You only keep what you give away,'" he added. "Many years ago, I remember coming into the office on a Sunday to extract a third molar for a patient who was in a lot of pain. Then, as now, I really loved cars. I am a true car buff. I can still remember the patient



Dr. Anderson



Dr. Kalkwarf



Dr. Johnsen



Dr. Snelson

and the appointment, but I sure can't remember the car I was driving at the time.

"I have fond memories of my time at Ohio State, and that makes me feel passionate about supporting dental education. We are only as strong as our last graduate. We had mentors. Now it's time to be mentors and help the students of today and the future."

Dr. Kenneth W. Gores, a retired dentist in Kirkland, Wash., shared his personal motivation for supporting dental education.

"I've been writing my autobiography in the hope that succeeding members of my family would do the same and provide later generations with a sense of those who had gone before," said Dr. Gores. "Should we not leave our footprints, some evidence to let others know that we passed this way and tried to make things better for those who have contributed so much to our legacy? To share in it and perhaps motivate others to do the same?" ■

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Happy Father's Day: Organized dentistry is a family tradition in Peoria, Ill. New board members of the Peoria District Dental Society installed May 7 were mentored by the best—all four are sons of PDDS member dentists. The fathers of three are past PDDS presidents. Pictured above from left are Dr. James Donlan, 1976 PDDS president; his son Dr. John Donlan, PDDS secretary; Dr. Michael Danner, president-elect; his father Dr. David Danner, 1984 president; Dr. Chris Couri, treasurer, whose father Dr. Gerald Couri, died in 1999; and Dr. Rodger Moon, 1983 president; and Dr. Michael Moon, current president.

Nuts and bolts

Fundraising Academy offers tools, strategies for partners of Our Legacy—Our Future

BY STACIE CROZIER

Creative solicitation techniques. Collaborative fundraising strategies. Planned giving essentials. Engaging long-term donors. Creating tomorrow's philanthropists today.

These are just some of the topics the first Dental Education Fundraising Academy addressed Aug. 9 and 10 at ADA Headquarters.

Nearly 80 participants, representing more than half of 88 partner organizations of Dental Education: Our Legacy—Our Future, received hands-on training and resources for fundraising during the intensive two-day program targeted to meet the needs of development officers, institutional leaders and volunteers in dentistry.

Our Legacy—Our Future developed the Academy in response to requests by partners who asked for fundraising and marketing resource tools to help their individual fundraising campaigns. The program was presented free of charge and exclusively for Our Legacy—Our Future partners, one of many resources available to help partners in their goal to raise funds for dental education, and it is likely to be offered again in 2008.

"The Fundraising Academy was an incredible opportunity for deans, development officers and volunteers who lead fundraising campaigns," said Dr. Cecile Feldman, national co-chair, Our Legacy—Our Future and dean, University of Medicine and Dentistry of New Jersey, New Jersey Dental School. "It gave them tools they can use to be creative in fundraising, showed them strategies for engaging potential donors and helping them understand what Our Legacy—Our Future is all about. It also gave people from a variety of organizations with common goals an opportunity to talk about ways to maximize their success."

"Having inspirational individuals like Dr. Art Dugoni [Our Legacy—Our Future honorary chair and dean emeritus, University of the Pacific Arthur A. Dugoni School of Dentistry] share their experiences made the two days extremely worthwhile."

The program, led by experts both within and outside the profession, conducted 15 sessions covering a variety of fundraising issues.

"What a great program," said Dr. H. Robert Steiman, dean, University of Detroit Mercy School of Dentistry. "The information presented and the materials provided at the Academy exceeded my expectations. The Academy provided me with different strategies and techniques for solicitations to our campaign for our new facility. I intend to invite one or more of the speakers to present to our committee and volunteers."

"While I found the entire conference useful, what was most beneficial for me were the sessions geared to solicitation techniques, interpersonal communications and long-term donor relationships," said Kathy L. Woodard, Ohio Dental Association director of public service and the ODA Foundation. "The caliber and energy of the speakers was high, and I brought back so much information and lots of suggestions to share with the ODA Foundation board of trustees."

Together, Our Legacy—Our Future's 88 partners to date hope to collectively raise more than \$500 million by 2014 to address the challenges facing dental education.

The two newest partners are the Hispanic Dental Association and the Alabama Dental Association. The initiative is underwritten by the ADA Foundation with support from the ADA.

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

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Focus on fundraising: Dental Education Fundraising Academy students listen to a presentation on engaging long-term donors Aug. 10.

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