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## **ADA News - 09/03/2007**

American Dental Association, Publishing Division

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# ADANews

SEPTEMBER 3, 2007

VOLUME 38 NO. 16



SFCVB photo by Bill Plummer

## Association testifies on HIPAA transaction

BY CRAIG PALMER

Washington—Association testimony to a government advisory panel cited potential benefits for dentists and patients from HIPAA transaction standards but “some concerns” with the standards-making process.

“The ADA believes there is room for improvement in the development process for such standards,” Dr. Robert H. Ahlstrom told the standards and security subcommittee of the

### Medicaid lawsuits, page nine

National Committee on Vital and Health Statistics. “One example that was discussed is the inability to correct the guides in a timely fashion.”

The Association participates in the standards-setting process through the Division of Dental Practice and Office of Standards to ensure that the interests of the profession are incorporated

into health-related standards. The Department of Health and Human Services advisory panel invited the Association testimony at a July 31 hearing on migration from the current HIPAA transactions for electronic claims to a proposed revised version of the HIPAA standards.

Dr. Ahlstrom, representing the ADA at the hearing, cited as potential benefits to dentists and patients from standards developed under the Health

See HIPAA, page nine

**Getting 'round:** Just about everything you need to know about what's upcoming this month at the annual session in San Francisco is inside this issue.

### BRIEFS

**Dental survey:** The newest edition of Distribution of Dentists in the United States by Region and State is now available from the Survey Center.

It's the ADA census of all known U.S. dentists. Four categories of dentists are described in the report. They are:

- professionally active dentists;
- new professionally active dentists;
- active private practitioners;
- new active private practitioners.

The cost of the Distribution of Dentists report (catalog code DOD-2005) is \$150 for ADA members, \$225 for

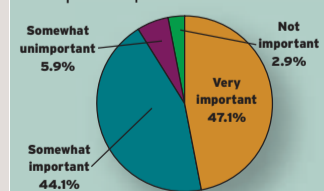


nonmember dentists and \$450 for commercial firms, plus shipping and handling. This report is also available as a downloadable file.

ADA Survey Center publications can be ordered online at “www.adacatalog.org” (reports are listed under Survey and Economic Research on Dentistry). Or, call the ADA Member Service Center at 1-800-947-4746 to place your order. ■

### JUST THE FACTS Ergonomics

More than 47 percent of U.S. dental schools say ergonomics is a very important part of the curriculum.



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

## Making change happen

### Dr. Feldman looks for solutions as he prepares for ADA's highest office



**Dr. Mark J. Feldman:** Leadership experiences in the New York State Dental Association led him to his role as ADA treasurer then president-elect.

### President-Elect's Interview

Growing up as a baby boomer in East Meadow, N.Y., on Long Island, meant neighborhoods overflowing with children and Levitt tract houses. Right next door to Levittown, which came to define suburbia in the 1950s, East Meadow also boasted street after street of the same Levitt Cape Cods and ranch houses of its more famous neighbor. Growing up there, says Dr. Mark J. Feldman, gave him life lessons about working in groups to achieve a common goal—while also allowing him to find his own path.

These lessons underpin his accomplishments as a dentist and as a member of the American Dental Association: on Oct. 2 during annual session in San Francisco, Dr. Feldman will be installed as the 144th president of the American Dental Association.

“I grew up on Long Island in a neighborhood of Levitt-type houses. While there was just my brother and me, most families had three or four children. Growing up was a matter of playing out on the street and working in school in large classrooms,” he

recalls. “You had to start to form groups to get anywhere because everyone was thrown together in this one big pot.”

In a high school of 2,500 students, he was one of many with little idea of what he wanted for his future. Fortunately, his school had insightful staff. His aptitude and standardized test results combined with his good grades in science prompted Dr. Feldman's guidance counselor to suggest to the 10th-grader that he might like dentistry as a career. That's all it took. The idea appealed, he made a decision and he stuck with it.

“I would love to say it was a dentist who motivated me, but it was a

See DR. FELDMAN, page 26

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# ADA seeks prescription pad rule delay

BY CRAIG PALMER

Washington—The ADA urged the Centers for Medicare & Medicaid Services to delay a requirement that all prescriptions for Medicaid patients be written on tamper-resistant pads starting Oct. 1.

"Most dentists have not heard of this requirement and, since only a few states currently have laws requiring the use of the tamper-resistant prescription form, the vast majority of dentists do not have existing supplies of the necessary forms," ADA officials said in an Aug. 21 letter to Health and Human Services Secretary Michael O. Leavitt. HHS said the recently enacted Iraq War Supplemental Appropriations bill requires secure forms for all Medicaid prescriptions.

In an Aug. 17 advisory (online at "www.cms.hhs.gov/DeficitReductionAct/Downloads/Tamper.pdf"), the HHS department said that starting Oct. 1 in order for Medicaid outpatient drugs to be reimbursable by the federal government, all written, non-electronic prescriptions must be executed on tamper-resistant pads.

ADA President Kathleen Roth and Executive Director James B. Bramson said dentists support efforts to reduce fraud and abuse, the apparent aim of the legislation and HHS policy. "However, the short implementation time between the enactment of the bill in May and the effective date of Oct. 1 of this year has the potential to cause unnecessary harm to our Medicaid patients," they wrote.

The ADA asked for a one-year delay to allow time for necessary changes to state Medicaid rules and legislation and to allow for proper notice to be sent to all Medicaid providers by CMS or the states. The Association said it would be happy to assist in this effort through its print and online publications, "but we should not be relied upon as the primary source of this important information reaching dentists who treat Medicaid patients."

A few states currently require tamper-resistant prescriptions but most don't. Physician, pharmacist and other medical groups have also called for delay, concerned that Medicaid beneficiaries could face medication access problems if doctors do not have the appropriate prescription pads by Oct. 1. ■



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# New dental school for East Carolina

BY KAREN FOX

Greenville, N.C.—North Carolina has registered its support for a collaboration between East Carolina University and the University of North Carolina at Chapel Hill on serving the needs of the state's citizens, which includes establishing a new dental school at ECU.

Gov. Mike Easley signed a budget bill Aug. 1 that gives ECU \$25 million to begin dental school construction and \$1 million for operating costs. An additional \$25 million was allocated to UNC-Chapel Hill for expansion.

Groundbreaking for a 112,500-square-foot

facility on East Carolina University's campus could take place this fall. The ECU School of Dentistry plans to open its doors to a class of 50 students in 2011, said Dr. Greg Chadwick, ECU associate vice chancellor for oral health and interim dean.



Dr. Chadwick



Dr. Williams

"We are delighted with the state's commitment to dental education," said Dr. Chadwick, who is also an ADA past president. "We're a state university striving to keep tuition low for our students. With less educational debt, graduates are more likely to pursue

practice in rural and remote areas of the state, where there is a dire need for oral health care services."

With a focus on primary care and residencies in pediatric dentistry and advanced education in general dentistry, the ECU School of Dentistry will serve patients who have limited access to care and increase the number of underrepresented minority dentists in the state.

North Carolina ranks 47th out of 50 states in the number of dentists per capita. In rural areas, there are just three dentists for every 10,000 people, compared to urban areas where the ratio is nearly five to 10,000. There are four counties in the northeastern part of the state that have no dentists at all, and only 13 percent of the state's dentists are minorities (compared with 34 percent of North Carolinians).

Right now ECU is planning to have 8 to 10 service learning centers where dental students and residents will receive academic and clinical training.

The state budget bill also included \$25 million in capital funds for the University of North Carolina at Chapel Hill School of Dentistry for the planning, site development and early construction of its Dental Sciences Building, which is



**UNC-Chapel Hill:** The conceptual design of the new UNC-Chapel Hill School of Dentistry's Dental Sciences Building. Construction could begin in the summer of 2008.

estimated to be a \$125 million project that will expand the dental school class size by 20 percent.

"The state of North Carolina has shown a tremendous commitment to dental education and the creation of new knowledge in the field of oral health, for which I am very grateful," said Dr. John N. Williams, dean of the UNC dental school. "The joint plan for dentistry in North Carolina addresses education, research and other crucial factors in advancing access to oral health care. The UNC-Chapel Hill School of Dentistry's role includes our new Dental Sciences Building, which will ensure that we have state-of-the-art instructional technology and space to support our educational mission, as well as cutting-edge laboratory space to support research discoveries."

With operating funds in place, the ECU dental school will now begin the search for an associate dean for academic affairs, associate dean for finance/operations and a director of the school's service learning centers.

Dr. Chadwick said the service learning centers will provide additional opportunities for research, which fits well with the objective in ECU's strategic plan to double research productivity over the next five years.

Celebrating its centennial this year, ECU has become the fastest growing school in the state university system with an enrollment of more than 23,000 students.

The ECU School of Dentistry becomes the first new public dental school since the University of Nevada Las Vegas School of Dental Medicine opened in 2002. ■

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# Dental museum goes to the annual session

**BY CRAIG PALMER**

Baltimore—"Mouthie," National Museum of Dentistry chattering mascot, will guide your children at the ADA annual session through eight hands-on learning stations to discover the power of a healthy smile and the importance of oral health to a healthy life (Booth 3013).

"This new traveling exhibition will bring museums and local dental communities together to deliver important oral health messages to the public," said NMD Executive Director Rosemary Fetter. "We are excited to bring it to the ADA annual session to show the impact that this exhibition will have on improving oral health across the country."

The MouthPower exhibition, through a Colgate-Palmolive Co. grant, features:

- Build a Tooth: Build a tooth by turning colorful overlay pages in a tooth-shaped book.
- Let's Brush and Floss: Practice brushing and flossing on an oversized mouth with king-size brush and floss.
- Say No to Smoking: "Put out" cigarettes to learn more about the risks of smoking.
- Start Your Food Adventure: Begin a lifetime of healthy eating with smart food choices from the new food pyramid.
- Let's Eat! Let's Move!: Explore how portion size and exercise build a healthy body.
- Join the Dental Team: Don clinic coats and



become team members as dentist, patient, hygienist and assistant in a child-size dental office complete with chair and (mock) X-rays.

- Play the MouthPower Game: Explore an

interactive computer version of the exhibition.

The Dr. Samuel D. Harris National Museum is an affiliate of the Smithsonian Institution. Visit MouthPower Online (Spanish version available) at "www.dentalmuseum.org". ■



**Large scale:** Oversized teeth are part of the traveling exhibit.

## Try out the latest intraoral cameras at the ADA Pavilion

San Francisco—The ADA Council on Scientific Affairs reminds dentists that this year's Professional Product Review hands-on evaluation is a terrific way to check out the latest in intraoral cameras.

The evaluation, located in the ADA Pavilion, Booth 1302, provides dentists with an opportunity to test up to eight popular camera brands.

The PPR, mailed quarterly with JADA, provides members with clinically relevant information on products for the dental office. Each issue offers laboratory performance data and clinician feedback, typically on three categories of products.

This evaluation in the ADA Pavilion will be open from 9:30 a.m.-5:30 p.m. on Thursday, Friday and Saturday (Sept. 27-29) of session. Dentists are invited to participate at any time. Participation takes about 30 minutes. All evaluation participants will receive a free ADA PPR baseball cap and copy of the October PPR, which evaluates amalgam separators, desensitizing agents and surface disinfectants.

The CSA is assisted in gathering clinical data by the ADA Clinical Evaluators Panel, which comprises volunteer member dentists who devote a few hours each month responding to planning and product use surveys. The surveys help determine what dentists want to know about products and the actual products that they would like to be evaluated.

For more information about the ACE Panel or the PPR, contact the ADA via the toll-free number and ask for the ACE desk or e-mail "pprclinical@ada.org".

Nonmembers who want to subscribe to the PPR may do so by calling 1-312-440-7735. ■

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# DentalPractice

## Learn the advantages of electronic transactions

BY ARLENE FURLONG

"Some dentists still are not aware of all the advantages of filing electronically," said Dr. Billie Sue Kyger, chair of the ADA Council on Dental Practice. "For example, within a few seconds, the estimated copay can be determined at the time of service. This eliminates the speculations and estimations that may lead to poor patient relations and

poor business practices."

Dr. Kyger also believes that by filing electronic transactions, practice overhead should ultimately decrease. "In the current consumer-driven marketplace, patients expect nothing less," she said.

Electronic transactions in the benefits cycle include:

- eligibility and benefit determination;

- claim submission;
- claim status;
- electronic remittance advice;
- electronic funds transfer.

Many dentists are still doing manually what electronic transactions in the benefit cycle can do more quickly and efficiently. Below are some comparisons between handling these matters manually

and electronically.

- Eligibility/benefit information—Prior to the patient's visit, some dental practices check patients' insurance coverage to verify available benefits with the payer.

Manual methods of determining coverage: An office can call the payer or request a faxed report. When calling a payer for this information, it is usually necessary to input information about the dentist and patient. Office staff enter this information by pressing numbers on the telephone touch pad. Some of these inquiries can take several minutes to complete. The response, which varies by payer, may be just a yes or no to answer the eligibility question. Some payers will respond with additional coverage information.

Electronic process: Many payers return this information electronically via the Internet, through the dentist's practice management system or Emdeon's Dental Provider Services, an interactive Internet service

that enables provider offices to communicate directly with insurance companies. When checking eligibility and benefits information electronically, the office will usually receive the response from the payer in a matter of seconds, without being on hold, having to wait for a representative or risk an error in the telephone communication. Converting to an electronic process is usually a quicker, more efficient and easier way to gather this information.

All payers respond to the eligibility question with a yes or no answer and many return additional coverage information, including utilization, frequencies and deductibles. The information allows an office to estimate the patient's benefit coverage and helps the patient and doctor make informed, immediate decisions on the plan of treatment. It can be a valuable aid in developing a payment plan on the spot.

- Insurance claim submission—After treatment is completed, the practice submits the claim for payment.

Manual method: The claim is printed or written on a dental claim form and mailed on paper for payment. Nationwide, millions of claims are still sent in this way. Most claims with attachments (periodontal charting, X-rays, explanation of benefits for secondary coverage and narratives) are sent on paper.

Electronic process: The practice submits all claims electronically. The claims go from the practice management software to a clearinghouse, such as Emdeon, and are then sent to the appropriate payer electronically. Many attachments can be sent electronically. The dental practice receives a certified receipt of what was sent for each patient, giving the practice an easy means to track submitted claims.

- Claim status—After a claim is submitted, a practice often contacts the insurance company to check on the status of the claim.

Manual process: Claim status is checked by calling the payer on the phone or via a payer's Web site. The amount of the information regarding the

See ELECTRONIC, page seven

### New Philips Sonicare FlexCare



Dr. Kyger



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<sup>2</sup>Compared with Oral-B Triumph

<sup>3</sup>Compared with Sonicare Elite

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5. Holt J, Sturm D, Master A, Jenkins W, Schmitt P, Hefti AF. Data on file, 2007.

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## History group to present program on dental ethics

San Francisco—"Ethics and Dentistry: Its Evolution and Its Future," is the theme for the 56th Annual Meeting of the American Academy of the History of Dentistry Oct. 1-2 in San Francisco.

Members and nonmembers are invited to attend the two-day colloquium at the Marines' Memorial Club & Hotel, located just off Union Square. Featured speakers include dental historians and professors of dental and medical ethics. Dr. Arthur Dugoni, dean emeritus of the University of the Pacific Arthur A. Dugoni School of Dentistry, will present the Orland Lecture at the Oct. 2 luncheon.

Program topics include Painless Parker and dental advertising; the amalgam wars of the 1840s; informed consent; and past and present conflicts between ethics and etiquette.

The registration fee includes the program, breakfast and lunch both days, and the annual banquet the evening of Oct. 1. There is an optional California wine country tour Oct 3. More information is available at "www.historyofdentistry.org". ■

## OSHA launches online tool

BY CRAIG PALMER

Washington—Expanded Occupational Safety and Health Administration electronic resources include a Health Care Compliance Assistance Module posted at "www.osha.gov" as online guidance for small business employers and employees including dentists.

The ADA offers OSHA-specific resources online at "www.ada.org/prof/ed/careers/infopaks/osha.asp".

In addition to the ADA Regulatory Compliance Manual (an update is scheduled for fall 2007), the Association offers DVDs on OSHA Training for Dental Professionals, OSHA Annual Training, Effective Infection Control and If Saliva

Were Red, all available at "www.adacatalog.org" or by calling 1-800-947-4746.

The OSHA module introduced in August includes eight steps covering OSHA guidelines and regulations on bloodborne pathogens, ergonomics, hazard communication and other safety and health information.

The module includes dental-specific and dental-relevant as well as general health care information at various sites, including a Health Care Quick Start Library of laws and regulations, posters, publications, fact sheets, booklets and bulletins. The Web page on "Dentistry/OSHA Standards" says, "There are currently no specific standards for dentistry. However, exposure to

numerous biological, chemical, environmental, physical and psychological workplace hazards that may apply to dentistry are addressed in specific standards for general industry. This page highlights OSHA standards, directives (instructions for compliance officers), and standard interpretations (official letters of interpretation of the standards) related to dentistry."

"Medical and dental offices," "beryllium in dental laboratories" and the ADA-OSHA alliance signed April 12, 2004, and renewed May 18, 2006, are among other OSHA.gov resources.

Through the alliance, OSHA and the Association "agree to provide ADA members and others with information, guidance and access to training resources that will help them protect employees' health and safety, particularly in reducing and preventing exposure to ergonomic hazards." ■

## Electronic

Continued from page six

status of the claim varies by payer.

Electronic process: Dental offices are able to electronically check the status of all electronically submitted claims and receive detailed information from many payers via the Internet through Emdeon's DPS or the dentist's practice management system.

The explanation of benefits is the explanation of the benefits paid and/or the claim settlement information from the insurance company to the dentist.

Manual process: The EOB is attached to the insurance check when the office receives it in the mail.

- Electronic remittance advice (ERA)—After the claim is settled by the payer, the payer will send an electronic notice (electronic EOB), to the practice through the practice management software showing the benefits being paid and/or denied. The practice management system would receive this information from the clearinghouse and automatically upload the information to the patient record, allowing the practice to send a notice or statement to the patient with payment information.

The payment process is when a payer sends a payment to the dental practice to settle the claim.

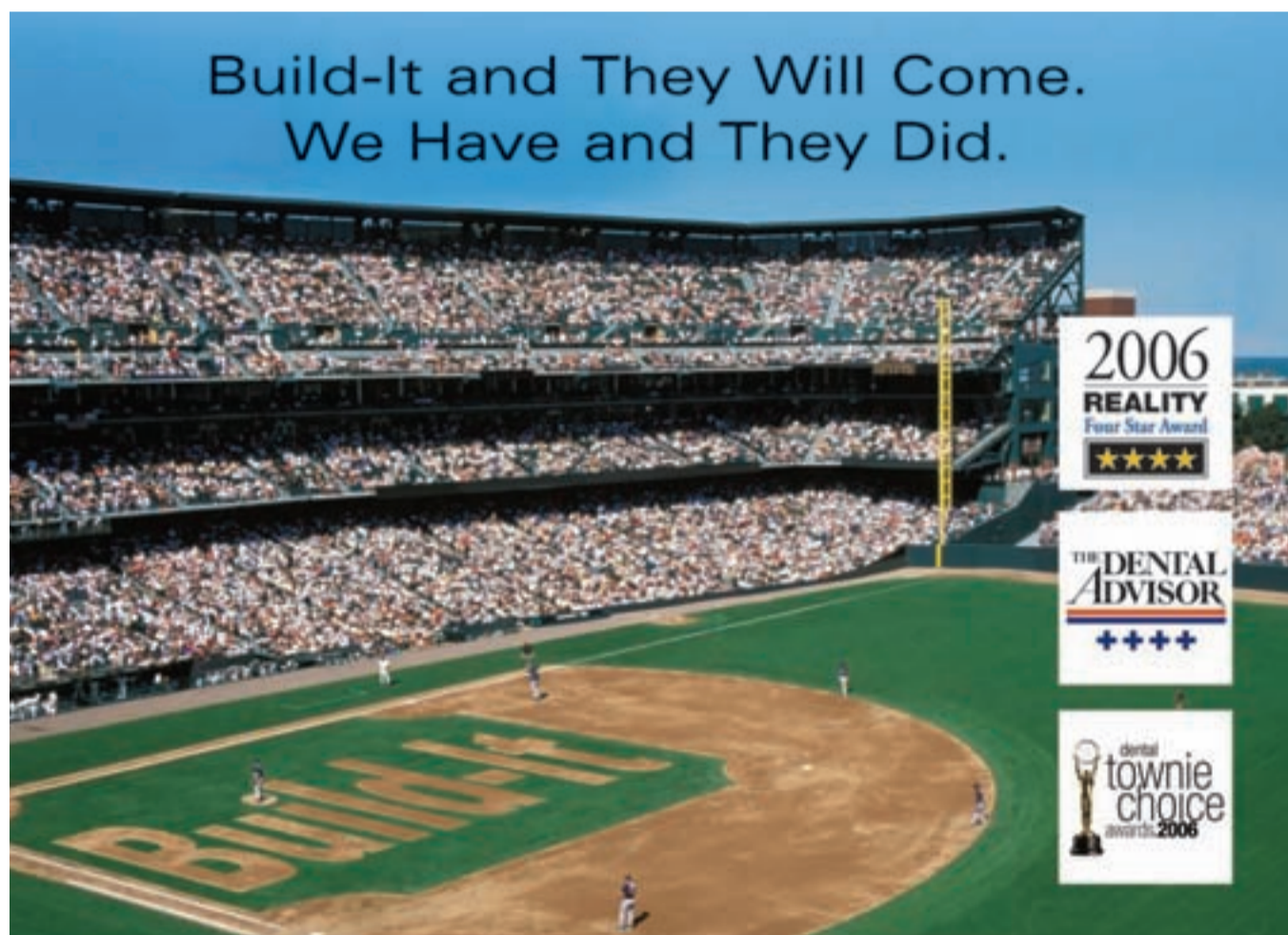
Manual process: The insurance check is received from the payer; a deposit slip is filled out and taken to the dentist's bank.

- Electronic funds transfer (EFT)—Many payers offer direct deposit to the dentist via electronic funds transfer within a few days of the claims decision. The payment from the insurance company is posted automatically to the dentist's bank account. To facilitate this service, a dental practice must sign up directly with each payer's bank for direct deposit.

Even though EFT is available today, Emdeon is working toward a more seamless process between dental practices and the multiple payers they deal with for insurance benefit payments.

Emdeon is the only provider of electronic transactions endorsed by ADA Member Advantage and is a market leader in dental claim processing.

For questions about electronic transactions, contact Emdeon Dental Services at 1-888-545-6127 or visit "www.emdeondental.com". ■



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# New CE set for ADA CELL Seminar Series

Fourteen courses have been added to the 2007-08 ADA CELL Seminar Series.

More hands-on workshops—so dentists and their dental team members can apply new technologies in their practices—and an advanced business workshop to make it easier for dentists to recognize important information in their financial statements are among this year's new offerings.

"The ADA Council on Dental Practice takes

great pride in selecting courses for the CELL Seminar Series which are current, evidence based, and pertinent to today's dental practice," said Dr. Billie Sue Kyger, chair of the Council on Dental Practice, about the new line-up. "More hands-on workshops and advanced business programs will enable dentists to maintain their commitment to excellence and continuous learning."

New course offerings are:

- "Infection Control in Your Hands";

- "Keeping OSHA Real: Annual Update of Health Risks and Rules";
- "Clinical Application of Ultrasonics in Non-surgical Periodontal Therapy";
- "Comprehensive Air Polishing";
- "Meth Mouth: What the Dental Team Needs to Know";
- "Prescription and OTC Drug Abuse: What We Can Do";
- "Conflict: You Can Run, But You Can't Hide";
- "Arteries Occlude—Teeth Masticate: Understanding Oral Function";
- "Medical Emergencies: Putting it All Together";
- "The Exceptional Comprehensive Restorative Practice";
- "Creating Diagnostic Blueprints for Predictable Success";

- "Making Rotary Endodontics Safe and Efficient";
- "Update in Contemporary Removable Prosthodontics";
- "No Butts About It".

The goal of the ADA Center for Continuing Education and Lifelong Learning Seminar Series is to develop lifelong learning programs and continuing education activities for ADA members through their dental organizations. The ADA CELL Seminar Series is produced by the American Dental Association and partially underwritten by grants from Patterson Dental and Colgate.

Dental societies interested in hosting ADA CELL Seminar Series programs can call the ADA toll-free, Ext. 2908, to schedule all programs; by e-mail at "seminarseries@ada.org" or visit "www.ada.org/goto/seminarseries". ■

Booth #6348

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## Annual session has new dentist CE course track

San Francisco—At annual session this month, the ADA Committee on the New Dentist is sponsoring continuing education courses specifically for dentists in practice fewer than 10 years.

Courses cover topics ranging from practice management ("empowered communication," business planning) to clinical (oral lesion diagnosis, lasers, oral surgery, aesthetics and more).

Most courses are half-day. The Pankey Institute will hold a day-and-a-half course Sept. 29-30 ("The Comprehensive Practice: More Time, More Money, More Fun").

To register for new dentist CE track courses, visit "www.ada.org/goto/session" as soon as possible. Registration fees and costs for CE courses increase on site.

Nonmember dentists can take advantage of a one-time registration discount and pay just \$75 instead of the normal \$750 non-member registration fee. (Those who attended the 2005 or 2006 annual session at the reduced rate are not eligible.)

To register, visit the Web site above. ■



## locations listed in San Francisco

San Francisco—The American Dental Association Political Action Committee's Capital Club Booth is open for business at the San Francisco Marriott and the Moscone Convention Center West during the annual session this month.

To learn more about ADPAC while at session, please note the following dates, hours and locations for booth availability:

- Thursday, Sept. 27, 8 a.m.-5 p.m.: SF Marriott;
- Friday, Sept. 28, 7 a.m.-noon: SF Marriott;
- Friday, Sept. 28, 1 p.m.-5:30 p.m.: Moscone West;
- Saturday, Sept. 29, 7 a.m.-6 p.m.: Moscone West;
- Sunday, Sept. 30, 7 a.m.-noon: SF Marriott;
- Monday, Oct. 1, 7 a.m.-6 p.m.: Moscone West;
- Tuesday, Oct. 2, 7:30 a.m.-noon: Moscone West. ■



# Medicaid lawsuits: new one in Georgia, Michigan settlement

**BY JENNIFER GARVIN**

Atlanta—Patients of Georgia dental provider Kool Smiles filed a lawsuit Aug. 22 on the heels of two state insurance plans' decisions to drop the provider from their networks.

WellCare of Georgia and Peach State Health's decisions to terminate contracts with Kool Smiles would affect more than 70,000 of Georgia's low-income children, the lawsuit stated. The provider Help a Child Smile was also terminated, but its patients are not involved in the lawsuit.

The lawsuit, which seeks class action status, was also filed against Rhonda Medows, Georgia's Community Health Commissioner, saying that she was responsible for managing these programs and therefore responsible for the loss of the two dental care providers, the Atlanta Journal-Constitution reported.

Georgia officials additionally said they were auditing Kool Smiles, a statewide business, on the company's conduct.

"I'm very disappointed that [people] in this state had to file a lawsuit because they were concerned about getting care," said Martha Phillips, executive director of the Georgia Dental Association, which was not involved in the lawsuit. "Our whole issue is access and anything that prevents children from getting it is a major concern."

In other Medicaid news, Michigan has reached a settlement in an 8-year federal lawsuit to increase reimbursement rates to dentists and physicians and to expand the program statewide.

"We welcome this settlement as an opportunity to improve the delivery of medical and dental

care to the more than 1 million children in the state enrolled in Medicaid," Janet Olszewski, director of the Michigan Department of Community Health, told the Detroit Free Press. "Only a quarter of those children receive preventive dental care."

The settlement increases Michigan's Medicaid program for dental services from 22 to 59 counties and guarantees a 47 percent reimbursement rate of the normal cost of the services doctors

give to underprivileged children.

The Michigan Dental Association was not involved in the lawsuit, but did support the state's fight to increase rates for dentists.

"This decision recognizes that we all must continue to look for avenues to address the access to care issue. This is a small step in the right direction," said Drew Eason, MDA executive director. ■

—garvinj@ada.org

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## HIPAA

*Continued from page one*

Information Portability and Accountability Act of 1996, more commonly short-handed to HIPAA:

- dental office computer systems will be compatible with those of hospitals and health plans and referral inquiries handled easily;
- vendors will be able to supply low-cost software solutions to physicians and dentists who support standards-based electronic data interchange;
- administrative tasks can be accomplished electronically and dentists will have more time to devote to direct care;
- dentists will have a more complete data set of the patient in their care;
- patients seeking information on enrollment status and benefits will receive more accurate, complete and easier to read information;
- consumer documents will be more uniform and easier to read;
- provider and plan cost savings will translate to less costly health care;
- patient claims follow-up costs will be reduced;
- patients will be able to see the information in their medical and dental records and who has accessed those records; patient records will be adequately protected through organizational policies and technical security controls;
- patient visits to dentists and other providers will be shorter without the burden of paper forms and consumer claims correspondence with insurers reduced.

The Association offered several recommendations for improving the standards-setting process and responded to a series of questions from the HHS advisory panel. Dr. Ahlstrom is a practicing prosthodontist in Reno, Nev. ■

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# Dr. Nash of NYSDA dies at 87

BY KAREN FOX

Albany, N.Y.—When he became executive director of the precursor to the New York State Dental Association, Dr. Seymour L. Nash recognized that an overhaul of day-to-day functions was needed to advance the interests of the profession and become a respected force in the legislative arena.

“He came into an old-fashioned ‘mom-and-pop’ dental organization, saw the need for a computerized office and well-trained professional staff,” said Roy Lasky, the NYSDA’s current executive director whom Dr. Nash hired as director of government relations. “He was an organizational visionary.”

Dr. Nash, NYSDA executive director emeritus, died July 1 at age 87.

“Sy was a blend of the old style executive director who fiercely guarded our ethics and professional conduct but was able to bend with the winds of change,” said ADA President-Elect Mark Feldman of Roslyn, N.Y. “Under the guidance of leaders like him, we emerged as a modern organization with an understanding of the role we have as the advocate for the public on oral health matters.”

Following his father’s footsteps in dentistry, Dr. Nash graduated from New York University College of Dentistry in 1942, completed a residency in oral

and maxillofacial surgery and served in the U.S. Naval Reserve Dental Corps.

In 1947 he founded his dental practice and immediately became active in organized dentistry—first at the local level with the Bronx County Dental Society where he held every office, chaired committees and served as Bulletin editor.

With New York’s First District Dental Society, he was president in 1969 and made additional contributions as a journal author. As a member of the Dental Society of the State of New York (as NYSDA was known at the time), he held posts on the councils on Membership, Insurance, and Pub-



**On message:** Dr. Nash speaks out at an ADA event in 1981.

lic and Professional Relations, and as a member of the Board of Governors from 1970-72.

Dr. Nash continued to gravitate toward organized dentistry, and in 1971 he was named executive director of the First District Dental Society.

When his mentor Dr. Percy T. Phillips (ADA president 1958-59) retired as DSSNY executive director in 1973, Dr. Nash was a logical choice to fill the role, which he held through 1983.

“Sy always had a silver tongue and particularly loved to mentor young dentists and encourage them to stay active within our profession,” said Dr. Feldman. “I was a young member of the NYSDA Council on Insurance when he took me under his wing and kept pushing me forward to become an ADA delegate and pursue other leadership roles.”

Peter Taylor, executive director of the Vermont State Dental Society, came to VSIDS in 1978 with no background in dentistry and got to know Dr. Nash through the ADA and the American Society of Constituent Dental Executives.

“Sy was unique in that he was a dentist who had successfully transitioned from practicing dentistry to the field of association management, two very distinct professions,” said Mr. Taylor. “He understood the complexities of associations and the diverse areas you have to be involved in to be successful, and he spread that information around to the rest of us executives who weren’t dentists.”

“He really did make a big difference in a lot of our lives,” added Barry Rice, the CEO of Advantage Dental Plan who was the Oregon Dental Association’s executive director from 1979-99. “He was very helpful in guiding us non-dentist executive directors in our decision-making.”

Added Dr. Feldman: “Even in his 80s as he spoke at the microphone on the issues we face, he was on topic and always to the point.”

After retirement Dr. Nash kept up with changes in organized dentistry, in particular the politics of the profession. “He regularly asked me about annual meetings and dental politics—he never lost his interest in how the tripartite was doing,” said Mr. Taylor.

Dr. Nash and his wife Natalie were among the earliest settlers at the Wake Robin Life Care Community in Shelburne, Vt., where he leant his management expertise to numerous boards and the community’s woodworking shop. He was a skilled woodworker, said Mr. Rice, and “amassed an extensive tool collection at Wake Robin. He was a dentist through and through—he loved all these special tools.”

Dr. Nash is survived by his wife, a daughter, three sons, a brother and five grandchildren. A remembrance service was held Aug. 4 in Shelburne, Vt. Memorials in Dr. Nash’s name can be made to Wake Robin Tree Fund, Wake Robin Life Care Community, 200 Wake Robin Dr., Shelburne, VT 05482. ■

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## Annual Session

## San Francisco spotlight

General sessions, distinguished speakers enlighten, entertain

*San Francisco*—The Association will roll out the red carpet in San Francisco during the 2007 annual session when Barbara Walters and Lance Armstrong enlighten and entertain during the ADA General Sessions, presented Friday and Sat-

urday, Sept. 28 and 29, at 8:30 a.m.

Friday's General Session kicks off with a black-and-white video chronicling the construction of the Golden Gate Bridge. Then, building on this year's theme, "Discovering Golden Opportuni-

ties," the session will continue with a multimedia presentation about the allure of gold and a 50-person choir will welcome the audience to the Golden State. The introduction wraps up with an exploration of the devastating effect of Hurri-

cane Katrina on several dentists and how the ADA has helped them rebuild their lives and their practices.

Next, television journalist Barbara Walters kicks off this year's Distinguished Speaker Series. A 25-year veteran of ABC News and now co-executive producer and host of the Emmy-winning talk show, "The View," Ms. Walters is renowned for her insightful interviews of statesmen and stars.

Saturday's General Session includes a close-up profile of ADA dentists volunteering at the local, national and international levels—and the positive effects on their patients' oral health and themselves. The program also presents a unique opportunity to learn more about other ADA initiatives related to access to care and the state of dental education today.

Next on stage is Distinguished Speaker Lance Armstrong. Mr. Armstrong is a national and world champion cyclist, seven-time winner of the Tour De France, two-time Olympian, humanitarian and cancer survivor.

The ADA Distinguished Speaker Series is sponsored by Johnson & Johnson Oral Health Products. The ADA General Sessions and Distinguished Speaker Series is free to registered attendees. The sessions will be held from 8:30-9:45 a.m. in Moscone West, Level 1. No ticket is required, but an ADA badge is required for entry. Seating is available on a first-come, first-served basis. Shuttle bus service to the convention center begins at 7 a.m. and doors open at 7:45. ■



Ms. Walters



Mr. Armstrong

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You are cordially invited to attend the Annual Session free seminar entitled "Plan and Investment Update" on Sunday, September 30th, from 9:00–11:30 a.m. For details on location, please stop by the ADA Members Retirement Booth #1614 located in the ADA Pavilion or check the banner in the exhibit hall at the Annual Session.

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Buy your tickets today for "An Evening with Billy Crystal," as the comedian, film star, philanthropist and eight-time Oscars host brings his side-splitting comedy Sept. 29 to the annual session.

The ADA-exclusive event will take place at Moscone West, Level 1, beginning at 8:30 p.m. The venue offers excellent sight lines, with large monitors that provide up-close views throughout the hall.

Tickets are \$150 for premium seating; \$125 for preferred seating; \$100 for general seating; and \$75 for value seating. Shuttle bus service to the convention center begins at 7 p.m. and the doors open at 7:45. This event will have assigned seating, so purchase your tickets now at "www.ada.org/goto/session". Tickets will be mailed in advance to attendees who ordered before the Sept. 7 early registration deadline. ■



Mr. Crystal





# Shop smart at the ADA Store

*San Francisco*—During annual session, you can visit the ADA Store for the latest products to help your practice run more smoothly, and ADA staff will be there to help you find what you need.

New this year are product manuals bundled with time-saving CD-ROMs with documents that can be tailored to your practice.

In "Associateships: A Guide for Owners and Prospective Associates," you'll find information on becoming an associate or adding an associate to your practice, including how to find opportunities and candidates; financial arrangements; and sam-

ple contracts and agreements.

Learn how to use the convenient CD-ROM from an ADA staff member during product demonstrations at the ADA Pavilion and the ADA Store (located in the Moscone North Lobby).



And, don't miss the special book signings at the ADA Store. On Friday, Sept. 28, from 12 to 1 p.m., Joel Harris, author of "Breakthrough Dental Marketing," will sign copies of his best-

selling book, and copies will be given away free to the first 200 people to attend.

On Saturday, Sept. 29, from 12 to 1 p.m., Dr. Sebastian G. Ciancio, editor of "ADA/PDR Dental Therapeutics (4th edition)," will be on hand to sign books. Special savings will be offered on the book. ■

## Women's track eyes balance, health and professional development

*San Francisco*—Women dental professionals can focus on personal and professional development strategies, health and fitness, creating life balance and treating women patients through a special eight-course track designed just for them.

These free courses, underwritten by a grant from the Colgate-Palmolive Co. and presented in cooperation with the American Association of Women Dentists, will be held Sept. 27-30. They include:

- "Leadership: A Different Kind of Courage," by Judith Pearson, Sept. 27, 9:30 a.m.-noon, Course 5324;
- "Career Strategies for the Working



Woman," by Adele M. Scheele, Ph.D., Sept. 27, 2-4:30 p.m. Course 5336;

- "Women's Health and Fitness: A Heart-to-Heart Discussion," by Kary Odiatu, Sept. 28, 10 a.m.-12:30 p.m., Course 6317;
- "Coaching Powerful Teams: Women Working with Women," by Dr. Scheele, Sept. 28, 2-4:30 p.m., Course 6337;

- "Getting to the Heart of Women's Health," by Tieraona Low Dog, M.D., Sept. 28, 5-6 p.m., Course 6350;

- "Maintaining Health for a Lifetime: Strategies for Women," by Dr. Low Dog and Dr. Barbara J. Steinberg; Sept. 29, 10 a.m.-12:30 p.m., Course 7305;

- "Living in Balance: Strategies for Optimal Living," by Dr. Low Dog, Sept. 29, 2:30-5 p.m., Course 7335;

- "Dental and Medical Considerations in Treating the Mature Female Patient," by Dr. Steinberg, Sept. 30, 9-11:30 a.m., Course 8301.

For course details or to register, log on to "www.ada.org/goto/session". ■



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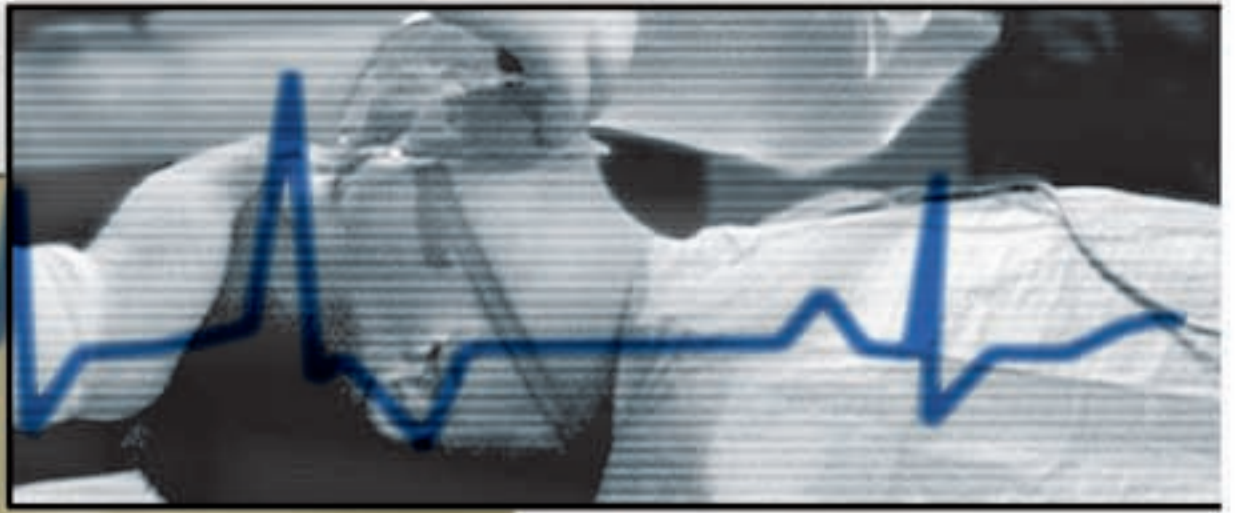
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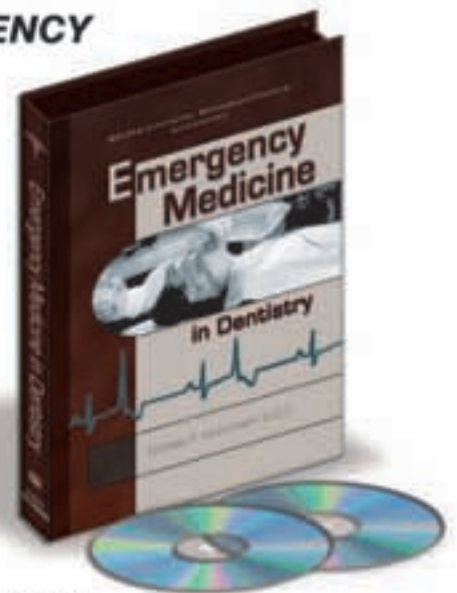
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# Tea and tasty tidbits

## Dim sum brunch offers taste of history

San Francisco—Join the ADA and the Alliance of the American Dental Association for a Dim Sum brunch, Saturday, Sept. 29, designed to touch your heart and please your palate.

“Chinatown Discovery: Dim Sum Brunch at the Empress of China,” sponsored by the ADA and the Alliance, is an annual session special event that recalls a famous Cantonese tradition.

Dim sum is served from early morning through early afternoon, and is often known in the West as a Chinese brunch. According to the Hong Kong Tourism Board, dim sum means literally “to touch the heart,” and the custom is

“inextricably linked to the Chinese tradition of yum cha or drinking tea.”

Travel to Chinatown to one of San Francisco’s most prestigious restaurants, the Empress of China, for a traditional dim sum brunch, complete with Lion Dancers and other performers.

Tickets for this special event, E001, are \$76. Shuttle bus service is provided. The bus departs the Moscone West tour entrance at 10 a.m. and returns at 12:30 p.m.

Purchase tickets online at “[www.ada.org/goto/session](http://www.ada.org/goto/session)” or with registration form found in the annual session preliminary program. ■



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## Dental assistants group to join the ADA in San Francisco

San Francisco—Golden opportunities await dental assistants in San Francisco next month, where the American Dental Assistants Association will hold its annual conference in conjunction with the ADA’s annual session Sept. 27-30.

“We are thrilled to be working with the ADA again to expand our program for dental assistants,” said Cathy J. Roberts, CDA, ADAA president. “Together we have put together a superb education track for dental assistants, both business and clinical.”

“We are excited that this year, for the first time in more than a decade, ADAA’s annual conference will be held in conjunction with the ADA annual session,” said Dr. Kathleen Roth, ADA president.

The dental assistants continuing education track includes more than a dozen courses covering topics from infection control to preventing childhood caries. These courses, presented in partnership with the American Dental Assistants Association, include workshops, roundtable discussions, scientific lectures and panel discussions designed specifically for the professional dental assistant.

For more details on courses, log on to “[www.ada.org/goto/session](http://www.ada.org/goto/session)” and use the Speaker/CE Course Search link to search for all Dental Assisting courses using the Course Category Calendar.

The ADAA will also host a variety of events especially for dental assistants, including a reception and welcome, the ADAA Foundation Fundraiser and the ADAA President’s Gala.

Dental assistants may register at “[www.ada.org/goto/session](http://www.ada.org/goto/session)”. The deadline for advance registration is Sept. 7. ■



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**Charisma:** Dr. Erlich makes his point at the ADA Health and Wellness Conference 2007.

## Cultural competence

It's 'increasingly essential for the survival and success of a dental practice'

**BY ARLENE FURLONG**

*San Francisco*—The ethnic make-up of the U.S. population is changing—and changing fast.

"The Culturally Competent Dental Practice: Skills for Successful Cross-Cultural Interactions" is an annual session course designed to help the dental team attain skills necessary to thrive amid

### AnnualSession

these changes.

The course, sponsored by the Center for Continuing Education and Lifelong Learning, will be presented Saturday, Sept. 29 from 10 a.m.-12:30 p.m. (Course 7304), by Andrew Erlich, Ph.D., keynote speaker at the 2007 ADA Health and Wellness Conference and a popular ADA Seminar Series Speaker.

U.S. Census Bureau projections reveal just how significant demographic changes are. Between 2000 and 2050, the U.S. population is projected to grow from 282 to 420 million. The number of Caucasians will increase by 74.1 million, but as a percent of the total population will decrease from 81 percent to 72.1 percent. The African-American population will grow by 25.5 million, and as a percent of the total will increase from 12.7 percent to 14.6 percent.

The Asian population will grow by 22.7 million, and as a percent of the total will increase from 3.8 percent to 8 percent. Hispanics (of any race) will grow by 66.9 million, and as a percent of the total will grow from 12.6 percent to 24.4 percent (U.S. Census Bureau, 2004, U.S. Interim Projections by Age, Sex, Race and Hispanic Origin).

"Becoming a culturally competent dental professional will become increasingly essential for the survival and success of a dental practice," says Dr. Erlich, psychologist and author. "Often when people look at diversity programs they think of them as exercises in political correctness, when cultural competency is about efficiency, about success, about dollars and cents."

Dentists can be unconsciously damaging the well-being of their practices because their most well-meaning methods of outreach might be misinterpreted, according to Dr. Erlich.

An example evident in the fastest growing cultures is the focus on quality of person-to-person interaction—particularly within the Hispanic and Asian populations—in comparison with the U.S. population overall, according to Dr. Erlich.

"Word of mouth means everything to them, whether it's retaining employees or attracting patients," says Dr. Erlich. "And that's how dentists' reputations will spread." ■

## Standards workgroups will meet at session

*San Francisco*—Experts in dental forensics and CAD/CAM systems will meet during annual session.

Forensic experts will discuss the challenges they've faced in a panel discussion, "Forensics in Dentistry" at 9:30 a.m. on Wednesday, Sept. 26.

The ADA Standards Committee on Dental Informatics is conducting the discussion, which will be used as the basis for the development of informatics standards and technical reports that will aid in the dental forensic identification process.

The ADA Standards Committee on Dental Products will hold a meeting of a new working group on standards and technical reports for

CAD/CAM in dentistry on Friday, Sept. 28.

Currently, no standards exist for testing and evaluating these systems, including the restorative materials and bonding materials used with CAD/CAM to prepare restorations.

For information on participating in the forensic standards working group or contributing to the development of CAD/CAM standards, contact Paul Bralower at 1-312-587-4129 or e-mail "bralowerp@ada.org". If interested in attending the forensics panel, contact Mr. Bralower.

For CAD/CAM, call Rebecca Bluemel toll-free, Ext. 2533 or e-mail "bluemelr@ada.org". ■

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## Check out book signing with dental marketing expert

San Francisco—If you're attending annual session this month, plan to visit the ADA Store Sept. 28 for a special book-signing event with a marketing expert who teaches techniques that can help you improve patient flow and case presentation skills and boost your overall practice image.

Joel Harris, author of "Breakthrough Dental Marketing" and cofounder of ADA Intelligent Dental Marketing (ADAidm)—the only marketing company backed by the ADA—will be on hand to sign his best-selling book Friday, Sept. 28, from 12-1 p.m. at the ADA Store, located in the lobby of the Moscone North building. The first 200 copies of the book will be given away free.



In "Breakthrough Dental Marketing," Mr. Harris shares methods for growing and positioning your dental practice, which he has utilized in hundreds of practices across the country.

The premise is simple: success is directly proportional to your practice's marketing and brand-building efforts. Through Mr. Harris' instruction, learn how to enjoy marketing, apply principles of frequency and outreach, track

results, harness the powers of advertising, utilize technology, avoid pitfalls and more.

With years of experience helping dental practices grow and retain patients, the team at ADA Intelligent Dental Marketing utilizes innovative tools matched with time-tested marketing strategies. If your practice has marketing or branding/identity needs but you're not sure where to begin, ADAidm offers the free Marketing Needs Analysis that will help determine which strategies might help.

View the Marketing Needs Analysis at "www.adaidm.com". To learn more about ADAidm, visit Booth 1210 in the ADA World Marketplace at annual session or call toll-free 1-866-859-1999. ■

## Learn how to avoid malpractice claims made due to failure to diagnose

San Francisco—Failure to diagnose is an allegation that frequently drives costly dental malpractice losses, insurance experts say.

Through a case analysis approach, two leading carriers—The Redwoods Group and Medical Protective—will present "Failure to Diagnose," on Sunday, Sept. 30 from 9:15-11:45 a.m. (Course 8311) in Moscone Center West, room 2007, during the ADA annual session.

Dr. Philip Barbel, risk manager for The Redwoods Group, Michael Peterman, associate program director, Insurance Program for Dentists of the Redwoods Group, and Kathleen Roman, vice president of the Medical Protective Co., team up to analyze actual dental suits based on failure to diagnose, treat or refer dental malpractice claims and offer prevention and mitigation strategies.

The course, sponsored by the ADA Council on Members Insurance and Retirement Programs, was conceived to help participants manage clinical aspects of patient care, use documentation to prevent disputes and focus team efforts on ongoing care.

Register early online at "www.ada.org/goto/session". ■



Dr. Barbell



Mr. Peterman



Ms. Roman



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- Global Surgical Corporation (Booth 6445 Moscone North);
- Preat Corporation (Booth 2420 Moscone South);
- McGill & Hill Group (Booth 1835 Moscone South). ■



# Plan estate with your state in mind

## Feds only part of the picture, says annual session speaker

BY ARLENE FURLONG

San Francisco—As Congress continues to debate whether to permanently increase the value of assets exempt from federal estate taxes, a number of states have taken steps to uncouple their connection to the federal estate tax and impose their own estate or inheritance tax.

“That’s just one reason why it’s more important than ever to be aware of your state’s laws when it comes to estate planning,” says Denver-based attorney, Stephen P. Rickles, who will present “Your Estate Plan: What State Is It In?” on Thursday,

Sept. 27, from 9:30 a.m. - 12 p.m. (Moscone Center South, room 274-76, Course 5322). The ADA Council on Members Insurance and Retirement Programs sponsors the course.

“A dentist’s estate could be subject to a



Mr. Rickles

significant estate tax at the state level, even if no federal estate tax is owed,” says Mr. Rickles. “My recommendation is to plan based on the law as it is today, but also build flexibility into the estate plan so it can adapt to changes that might occur in the future.”

Dr. Charles R. Bocks III, CMIRP chair, says provider spouses will also find the course useful.

“We’ll delve into aspects of estate planning you may not have considered before,” says Dr. Bocks. “There’s a lot of benefit in hearing

how other dentists are approaching their estate planning challenges.”

### Your state, your estate

According to Mr. Rickles, the state in which you reside affects several aspects of estate planning. For example, 24 states currently impose an estate or an inheritance tax. (An estate tax is imposed on the estate before distribution to the heirs, whereas an inheritance tax is imposed on the recipient of the asset.) The other 26 states are tied to the federal system, which effectively means that they have no state inheritance tax under current law.

“However, you could live in a state that does not have an estate or inheritance tax and still be subject to tax if you own property in another state that does have an estate tax,” Mr. Rickles says.

### Register early

Advance registration is required for the free seminar. Go online at [www.ada.org/goto/session](http://www.ada.org/goto/session) and look for annual session Course 5322.

Members who are unable to attend can request the Estate Planning Kit by calling 1-888-463-4545 or click “Request Info” at [www.insurance.ada.org](http://www.insurance.ada.org). ■

## Make sure oral cancer isn't lurking beneath the surface.

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In addition, a state’s probate system could impact estate planning decisions, including whether to use a will or a living trust. “If your state of residence has adopted the Uniform Probate Code, it has a simplified—and therefore usually less expensive—probate system,” Mr. Rickles explains. “In these states, the cost to probate a will may not be a major concern, and a living trust could be an unnecessary expense. On the other hand, a living trust could be advantageous if you live in a state that has a more complicated probate system.”

Another element that affects estate planning is whether you reside in a common law or a community property state. In common law states, 41 in all, how property is titled determines who owns that property for estate planning purposes. But in the nine community property states, one-half of property acquired by a married person during the marriage will generally pass under the will or trust of each spouse regardless of how the property is titled.

### Common mistakes

At the annual session course, Mr. Rickles also will alert dentists to 10 common estate planning mistakes, which he says can be avoided by addressing questions such as:

- Have you reviewed your estate plan recently? More important, have you started one?
- Do you have advance directives and powers of attorney in place, and have they been updated to reflect privacy laws?
- Do you understand what a will does and does not control?
- Have you built flexibility into your estate plan so that it can adapt to unforeseen changes in the tax law?
- Have you purchased adequate life insurance to accomplish your planning goals?
- Have you named appropriate beneficiaries for your retirement plans and life insurance policies?

“We’ll explore these questions, review estate planning fundamentals, and invite discussion,” says Mr. Rickles. Participants will also receive the free Estate Planning Kit, courtesy of the ADA Insurance Plans (underwritten and administered by the program’s host, Great-West Life & Annuity Insurance Company). The kit includes a brochure with tips on selecting an estate planning attorney and a 24-page personal estate planner workbook.

At annual session you can visit the Great-West Life & Annuity Insurance Company Booth 1610

See ESTATE, page 24



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## 401(k) course at session

### Learn from the experts about the funds in your retirement portfolio

*San Francisco*—If you want to learn more about the benefits of a Safe Harbor 401(k)—now the most popular retirement plan design of dentists in the ADA Members Retirement Program—and what some of today's leading investment managers are forecasting for the stock market and the economy, don't miss "Retirement Plan and Investment Update."

It's this year's edition of the 401(k) plan seminar, which is a popular fixture at annual session. Sponsored by the ADA Council on Members Insurance and Retirement Programs, the seminar is set for Sunday, Sept. 30, from 9-11:30 a.m. in Moscone Center South, room 302.

Investment experts from the AllianceBernstein, Templeton and Western Asset fund groups will share their investment insights and forecasts on where they think the market is headed. The event will include a Q&A segment to give the audience an opportunity to ask the experts questions.

The seminar will open with, "The Benefits of a Safe Harbor 401(k)," by Mark Miller, client relationship manager for the ADA Members Retirement Program at AXA Equitable. Mr. Miller will give a brief overview of the different 401(k) plan designs available in the ADA Members Retirement Program. He will then focus on the features and benefits of the Safe Harbor 401(k).

The Safe Harbor plan arrangement joined the retirement scene eight years ago as a result of sweeping pension reform legislation in the late 1990s. It has since become the preferred plan design of small business employers throughout the country in the Members Retirement Program.

"About three of every four new or amended plans in the ADA Members Retirement Program are now Safe Harbor 401(k) plans," Mr. Miller said.

According to Mr. Miller, a Safe Harbor 401(k) arrangement can be a good choice for plan sponsors who want to either avoid discrimination testing, defer more of their compensation or have the flexibility of being able to choose testing or no testing based on employee participation. He added that existing traditional 401(k) plan sponsors who are struggling with low participation levels might also consider changing to a Safe Harbor arrangement.

"A Safe Harbor 401(k) plan eliminates the compliance testing required of traditional 401(k) plans and also lets dentists sponsoring plans contribute up to the maximum deferral amount regardless of employee participation and contribution levels, as long as the dentist meets the Safe Harbor notification and employer contribution requirements," Mr. Miller said. He notes that Safe Harbor 401(k) plan participants can defer as much as \$15,500 (\$20,500 if older than 50) this year. According to Mr. Miller, a Safe Harbor 401(k) arrangement can also be used in combination with a profit-sharing plan. "That gives Safe Harbor plan participants an additional way to maximize their retirement savings efforts and reach their retirement goals quicker," he said.

Mr. Miller will also briefly discuss the Safe Harbor 401(k) plan's key design facts, including notification requirements that plan sponsors must meet and the non-elective contributions or matching contributions choices they must make.

After his presentation, Mr. Miller will then moderate the investment manager panel discussion. This year's panelists are three investment experts who represent three of the 11 funds included in the 13 investment options available to ADA Members Retirement Program participants.

The three experts are Robert Ginsberg, senior vice-president, AllianceBernstein LP; Rudy Garza, vice-president, Legg Mason Institutional Services; and Gary Motyl, president and chief investment officer, Templeton Institutional Group.

Mr. Ginsberg is a co-portfolio manager for the Growth Equity Fund at AllianceBernstein. Mr.

## Learn more

To learn how you can put away more tax-deferred money toward your retirement, visit the ADA Members Retirement Program booth at the convention exhibit, located at the ADA Pavilion.

Retirement program specialists will help ADA members find out more about the Safe Harbor 401(k), other types of 401(k) arrangements and answer questions on everything from rollover rules to the salary deferral and special "catch up" contribution limits permitted for 2007 for 401(k) plan participants who are age 50 or older in 2007.

Program information is also available to all ADA members who call the ADA Members Retirement Program at 1-800-523-1125, Ext. 7379, or visit the program Web site at "www.axa-equitable.com/ada/invest.html". ■

Garza is a senior representative for the Western Asset Core Bond Portfolio of Legg Mason. Mr. Motyl is lead manager for the Templeton Foreign Equity Fund, which in July replaced the Templeton Foreign Fund as the international investment option in the ADA Members Retirement Program.

## Funds at a glance

Following are profiles of the three mutual funds in the ADA Members Retirement Program that will be spotlighted at this year's Sept. 30 Retirement Planning seminar. These mutual funds are investment options of the ADA Member Retirement Program funded by a group variable annuity contract issued and distributed by AXA Equitable Life Insurance Co. In addition to providing a quick overview of the funds, the profiles include comments from the fund representatives who will be participating in the 401(k) panel discussion.

A group variable annuity is a long-term financial product designed for retirement purposes. In essence, a group variable annuity is a contractual agreement in which payment(s) are made to an insurance company on behalf of retirement plan participants. The insurance company agrees to pay out an income or a lump sum amount at a later date to those participants. There are contract limitations and fees and charges associated with group variable annuities, which include but are not limited to mortality and expense risk charges, sales and surrender charges, administrative fees and charges for investment management. Amounts in an annuity's variable investment options are subject to fluctuation and market risk, including the possible loss of principal.

To learn more about the funds, go to "www.axa-equitable.com/ada/invest.html". Click on "Investments" in the menu bar at the top of page for a listing of all 13 investment options in the retirement program. Scroll down the list and click on the logo of the mutual fund or investment option you want to find out more about.

**Editor's note:** The following profiles are provided for informational purposes only. The material and commentary included should not be considered investment advice or construed as recommendations for any of the individual securities, investment sectors or investment strategies mentioned. The fund data shown represents performance and holdings for the periods that ended July 31, 2007, and all performance information is before deduction of fees. Consider charges, risks, expenses and investment objectives of the mutual funds before investing. For a prospectus containing this and other information, contact your financial professional. Read it carefully before you invest or send money.

See 401(k), page 24

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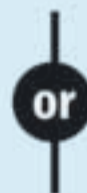
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## 401(k)

*Continued from page 22*

### Alliance Growth Equity Fund

Category: Large company growth

Investment strategy: The fund uses a multi-capitalization strategy driven by stock selection to avoid being limited in its search for the best growth opportunities. The fund always stays fully invested, whatever the market cycle. The fund currently holds companies in the \$1 billion to \$175 billion capitalization range, with most holdings being in the \$5 billion to \$100 billion range. Currently about 85 percent of the fund's holdings have a market cap exceeding \$5 billion. The average capitalization size is \$53 billion.

Fund holdings: The fund has a concentrated portfolio and normally invests in approximately

45 to 70 companies. The fund is currently invested in a total of 55 companies. The top 10 holdings include Google, Schlumberger, Apple Computer, Boeing, Under Armour, CB Richard Ellis Group, Legg Mason, Wellpoint, Comcast and Genentech.

Favorite sectors: The fund's current largest concentrations are in the technology, financial services, health care and consumer discretionary sectors. Those four sectors currently hold approximately 83 percent of all invested assets. The remaining 17 percent is invested across growth stocks in the in the energy, consumer staples and industrial sectors. The fund's four top sector concentrations are driven by a bottom-up stock selection process, reflecting views from our firm's fundamental research, quantitative tools and the portfolio management team.

Performance: The fund had a 7.7 percent return year-to-date through July 31, 2007 and has

had had an annualized gain of nearly 13.1 percent over the past five years. Benchmark: The fund's benchmark is the Russell 3000 Growth Index.

### Templeton Foreign Equity Fund

Investment strategy: The fund normally invests at least 80 percent of assets in equity securities of companies based outside the United States, including emerging markets. Companies are selected based on their growth potential.

Global Weightings: Currently, nearly 70 percent of the funds assets are invested in Europe and 24 percent are in Asia.

Fund holdings: The top 10 holdings include Michelin SA, Housing Development Finance Corporation, Samsung Electronics, Celesio AG, Rolls Royce Group, Siemens AG, Koninklijke Philips Electronics, E.ON AG, Telefonica and Royal Dutch Shell.

Favorite sectors: The fund's current largest concentrations are in the financial services, consumer discretionary, industrials and telecommunications sectors. Those four sectors currently hold more than 64 percent of all invested assets. The remaining assets are invested across value stocks in the energy, information technology, health care, materials, utilities and consumer staples sectors.

Performance: The fund is up nearly 13 percent so far this year, was up 29 percent last year and has had a gain of 94 percent over the past three years.

### Western Asset Core Bond Portfolio

Category: The Western Asset Core Bond Portfolio is an intermediate-term bond fund that invests in investment-grade securities with an average maturity between two and 10 years.

Strategy: The portfolio invests primarily U.S. Treasury obligations, mortgage-backed securities and corporate securities, and may also invest in U.S. dollar-denominated obligations of foreign governments. The portfolio's management team seeks to maximize total returns and to obtain an average duration of securities that are held of generally three to seven years.

Fund holdings: Currently 58 percent of the portfolio's assets are invested in mortgage-backed securities, 22 percent are in credit-backed securities, 9 percent in short-term securities, 6 percent in government issued or backed securities, and 5 percent in Treasury Inflation-Protected Securities.

Performance: Although the fund was only up 0.42 percent for the first half of 2007, it has gained 7.1 percent over the past 12 months. Since its inception in September 1990, the fund has had a return of 6.28 percent on an annualized basis.

Team management: The fund is team managed by a group that includes the senior managers of all 11 portfolios in the family of Western Asset fixed-income portfolios. Additional guidance is provided by experts that Western Asset has covering the major fixed-income market sectors, plus a separate risk management team. Additionally, Western Asset's proprietary process helps the management team monitor portfolio risk.

Benchmark: The portfolio's benchmark is the Lehman Brothers Aggregate Bond Index.

The Members Retirement Program is funded by a group variable annuity contract issued and distributed by AXA Equitable Life Insurance Company. AXA Equitable does not provide tax or legal advice. You should consult with your attorney and/or tax advisor before purchasing a contract. Go to this story on ADA News Today at ADA.org to learn what the experts say about these funds. ■

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*Continued from page 20*

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**Editor's note:** This article does not constitute legal or financial advice. Please seek professional input appropriate to your situation.

Stephen P. Rickles is a Denver-based attorney with the law firm of Berenbaum, Weinschenk & Eason, P.C. Mr. Rickles received his undergraduate degree from Boston University, and his law degree and a Master of Laws in Taxation from the University of Denver College of Law.

He is listed in Best Lawyers in America in the Employee Benefits, Estate Planning, and Taxation categories.



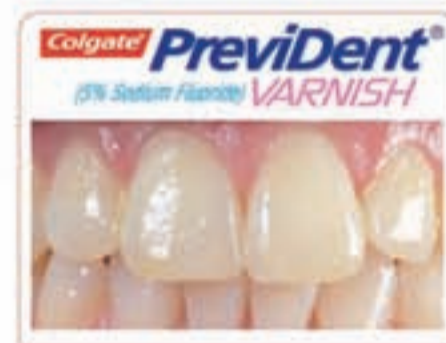
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## President-Elect's Interview

### Dr. Feldman

*Continued from page one*  
guidance counselor," he says. From high school he went to Syracuse University as a pre-dental major, graduating in 1969 and entering Tufts University School of Dental Medicine.

"It was an interesting time in dentistry and to be in Boston during the days of student unrest during the Vietnam war."

Working in groups to achieve goals came naturally to him in dental school, where he was one of a class of 108 men, which even then seemed unusual. "We didn't have any women in my class; we were one of the few Tufts classes that didn't have any women." His class organized to protest the grading system, Dr. Feldman recalls. "We proposed pass/fail grading. The school didn't want to use this system, but we stuck together as a class and we kind of forced the issue. That took a lot of interaction and working together, and I was an active participant. Overall I had a positive experience in dental school. They treated us like professionals and expected us to hold high ethical standards. The faculty at Tufts treated us like doctors from the day we got there. They weren't forcing us to prove anything. They expected us to perform to a certain standard and if we didn't they would let us know."

To this day, his professional life and personal life have been lived in a 10-mile radius on Long Island. Family, long-held friendships and the loyalty and camaraderie that go with all that help define him. Roslyn, where he lives, is 10 miles from where he grew up. His wife Carol is also from Long Island.

"Some of my best friends are the ones I grew up with in East Meadow. Many of us went to high school together. We went to separate colleges and professional schools but we came back to Long Island. Some of our wives were friends in high school, too. We're a close knit group who believes in sticking together and working together to get things done."

After dental school, Dr. Feldman returned to Long Island, where he had a two-year general practice residency followed by two years in an endodontic residency at a local hospital. There he met his future partners—in 1977 he entered endodontic practice in Garden City. "We have been like a family, a four-man partnership working together. Two are retired now and I also have left my practice in active endodontics because to do the job of ADA president-elect and president is a full-time job."

His involvement in organized dentistry started in part because he is an endodontist. "As a specialist, you have to form relationships with general dentists. I had a very good referring dentist who became a close friend of mine and who was involved in the New York State Dental Association. He was on the NYSDA insurance council and was leaving it and asked me if I would take over his spot. It was not a popular position at the time, but I said yes because I could not say no to him."

Dr. Leslie Seldin was chair of the council at the time and he became one of Dr. Feldman's mentors. "Les and I have been together as friends since then. Over the years, I kind of followed him along in NYSDA. He became president and



Las Vegas: Dr. Feldman and his wife Carol greet the House of Delegates during his installation last year as president-elect.

**"With the rapid advances in dentistry and science that dentists need to know, I believe that dentists will benefit from a fifth year of service after they leave dental school. ... I don't expect to get this accomplished in one year, but I think it's time to start working on it."**

I became chair of the Council on Insurance. He became an ADA delegate and then I became one. He became chair of the ADA Council on Insurance (now the ADA Council on Members Insurance and Retirement Programs) and when he left that position, I became a member of the council and ultimately became its chair.

"Somewhere along the line," continues Dr. Feldman, "Tom Sweet (former ADA 2nd District trustee, 1990-94), said to me, 'You seem to like business activities and insurance, so I'm going to recommend you to chair the ADA Budget and Business Matters Reference Committee.' That probably happened around 1985 and it was my first experience with the ADA budget which ultimately led to my running for treasurer of the Association."

Dr. Feldman served as ADA treasurer from 2000-2006. He is also past president of the NYSDA and the Nassau County Dental Society. He is a diplomate of the American Board of Endodontics and a fellow of the American College of Dentists and the International College of Dentists.

"What has kept me motivated in organized dentistry was the fact that I was able to propose solutions and see them implemented at the highest level," he says. "For example, during my time on the NYSDA Council on Insurance we were able to achieve some significant reforms in professional liability. Certainly as ADA treasurer I was able to effect many changes in the way the Association handles its finances and the way the leadership presents it to the ADA House of Delegates.

During my six years, we modified the whole process and adopted a dues stabilization policy. I'm hoping to do the same—to effect change—as ADA president-elect and president. I have the opportunity to make an impact on a profession that's been very good to me and my family."

After 24 years in practice, he's not sure if he'll go back to active practice after his year as president ends. "I've been thinking of consulting or teaching. I have also been involved as a consultant on professional liability, helping to determine if a malpractice action should go to trial. My wife, who was a schoolteacher, also retired, to be able to do this with me, which was a wonderful thing for me. We're able to spend more time together because it was not easy while she was teaching and I was traveling for organized dentistry. We both enjoy golf, travel and bridge."

The couple has two sons. "This is an exciting year for me, because, in addition to becoming president of the ADA, I have one son who got married in August, my younger son, Sean, to Colleen and my older son, Eric, married to Jennifer, will be making me a grandparent."

While neither son is a dentist (Eric is an attorney and Sean is a schoolteacher), both embody the Feldman family closeness by living on Long Island.

Dr. Feldman was interviewed by ADA News Editor Judy Jakush this summer about his goals for the coming year and his views on challenges and opportunities facing the Association. His answers follow here.

**ADA News:** In your 34 years of dental practice, what changes have you seen for the better in your career? What changes for the worse? What words of advice would you give a dental student/new dentist? A mid-career dentist? A dentist nearing retirement?

**Dr. Feldman:** The changes for the better are increased reliance on science for what we do. Dentistry as a whole is looking for science-based answers. Technology, obviously, has advanced the practice of dentistry. It enables us to provide services to our patients in a more rapid, effective and comfortable manner. I think that as a whole dentists are learning to work together in groups, which enhances the lifestyle of dentists, as opposed to the old days when it was nearly always one person/one office.

Changes that occurred that are problematic include the increasing debt dentists face when they graduate dental school. Many can't practice without focusing their energy on paying off huge loans. That often means deciding where to start in practice based primarily on a short-term economic outlook, which adds to the issue of the maldistribution of dentists and can ultimately affect access to care.

The Internet is a great resource to practicing dentists for quick access to scientific information, like that on ADA.org, but it also has another side. It provides the public with a large stream of information that is often less than accurate. Patients may read something on the Internet and think it's true. This can be detrimental, especially given the misinformation on restorative materials and fluorides.

My advice to dental students is to try to enjoy their education experience. They probably won't realize how wonderful it can be until they've graduated. But now is the time to find faculty members they can relate to and learn from—someone who can mentor them. They should spend as much time at school as possible to get all they can from it. They need as much training as they can get in working with people. I would ask them to reflect on the fact that hopefully they entered dentistry to make a difference.

If you want to lead a life that makes a difference, in my opinion, it means leading a life that touches other people. Dentistry gives you that opportunity. If you can fix a person's smile, get them out of pain, make them feel better about themselves—that's an approach they should take with their patients rather than what procedure can I do that will help pay this bill. You have to



start from the standpoint of integrity and ethics, to be able to feel good at all times about what you are doing. Always remember that dentistry is much more than a job, it's a profession and act accordingly.

As far as mid-career dentist goes, I have to say the same thing: enjoy what you are doing. If you feel bad walking into the office every day, then you need to figure out what to do to change that. Think in terms of giving some time back, to get the rewarding feeling from helping people in need. Give time back to your dental school. Make sure you spend time with your family.

For dentists nearing retirement, I would say to make sure you find something to keep your mind active, whether it's taking courses for a new career or finding new hobbies—things you didn't have time to do when running a business. Certainly, if you have the financial ability, this is the time to give back to the profession through Dental Education: Our Legacy—Our Future, which is spearheaded by the ADA Foundation and nearly 90 other partners. We are trying to develop a spirit of philanthropy within the profession. This is based on the understanding that you're not going to reach a happy retirement without a successful career, and the successful career comes from the education you received in dental school.

**ADA News:** Do you have a particular issue you would like to address during your year as president?

**Dr. Feldman:** I am deeply interested in licensure reform and freedom of movement. Currently we only have four states, Delaware, Florida, Hawaii and Nevada and the Virgin Islands that don't have licensure by credentials. I would like to help move us toward a time when all states accept licensure by credentials. I like what the American Student Dental Association proposed regarding a possible curriculum integrated format examination for initial licensing, which was referred to the Council on Dental Education and Licensure last year for study and which the council is sending forward to the House this year for consideration. I'd like to help work with the examination community to be sure we eliminate totally live patient testing after graduation, which ADA policy supports.

I believe dental school should be structured so that during the course of your dental education you undergo enough clinical evaluations so that when you graduate you have satisfied that clinical licensing requirement. The examination community can do it and these types of evaluation are already being done in some parts of the country. Key to the integrated exam would be the understanding that until you satisfy whatever the clinical exam community thinks is necessary—in dental school on patients of record—you don't graduate. Once you graduate, I think you should have a license that lets you go anywhere in the U.S. These examinations should be handled by the appropriate regional examining agency: I do not seek a role for the ADA in the examination. The ADA's role is that of facilitator.

I also favor a fifth year of service. I am not talking about PGY1, which is the New York state program that mandates completion of a postgraduate residency of at least one year and eliminates the clinical licensing examination requirement. The fifth year of service is not a substitute for a clinical exam and could include an advanced specialty or general dentistry education program in a dental school, residency in a hospital, or service in a community health center, for example.

Not only will this strengthen the new dentist, the program could also help provide access to care. The biggest challenge is how to pay for it because newly graduated dentists have to be compensated for a year of service and training. I think the federal government is the most logical source. With the rapid advances in dentistry and science that dentists need to know, I believe that dentists will benefit from a fifth year of service after they leave dental school. This fifth year of service will provide knowledge the new graduates need, similar to what medicine does with its internships. I don't expect to get this accom-



**Balancing act:** Dr. Jeane Schoemaker of Colorado gives Dr. Feldman flowers at the 2003 annual session in appreciation for presenting the House a balanced 2004 budget in his role then as ADA treasurer.

Photo by Lagniappe Studio

plished in one year, but I think it's time to start working on it.

**ADA News:** There have been a number of reports of ethical breaches in dental education recently and the ADA hosted a conference in June on ethics in dental education. Do you have thoughts on ethics in education—and its implication for dental practice—and what the ADA can do to help faculty, administrators and students to develop ethical practitioners?

**Dr. Feldman:** The profession has been rocked recently when charges of cheating in dental schools and cheating on examinations hit the news. There's no tolerance for this and there is no room for compromise on this issue. I firmly believe the trust we enjoy from the public we treat is dependent on our adherence to our Code of Ethics and this needs to begin day one in den-

*See DR. FELDMAN, page 29*

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# Dr. Feldman

*Continued from page 27*

tal school. I found a lot of support for the ethics conference. When I spoke to the student leaders, they were as horrified as the practicing dentists about the reports of cheating. The Board of Trustees will be following up on the conference and expects to see recommendations from the councils on Dental Education and Licensure and Ethics, Bylaws and Judicial Affairs (the two councils that sponsored the conference). I look forward to seeing what is ultimately implemented, but as of now every dental school in the country has a zero tolerance for any breaches in ethical behavior.

While we are talking about ethics and professional conduct, I also believe that the distinguishing feature of any profession is its ability to police itself. I will work hard to preserve our peer review systems and would encourage ongoing dialogue in reference to continued competency assurances for all dentists. Continued competency can take many forms, and this is a developing area.

**ADA News:** The Public Affairs Initiative was adopted by the House in 2006 as part of the ADA's renewed emphasis on advocacy. How do you assess its progress so far and what do you see ahead for the initiative and for the Association's advocacy efforts?

**Dr. Feldman:** It's been a very effective program for us so far. I'm very encouraged by it. It's the right program for the right time in that we are seeing more and more legislative activities at our state level, especially in regard to issues like access to care, restorative materials and community water fluoridation. What happens at the state level will often work its way up to the federal level. The Public Affairs Initiative is a way of providing resources to states in handling these issues. A very important benefit of this initiative is that information from one state can be shared across the entire country so when we find something that works we can build on it.

For example, we recently had a successful fluoridation initiative in Bangor, Maine, and the lessons we've learned there are being shared with other state dental societies. We've learned that to do well with community water fluoridation ballot initiatives, it is best when we collaborate with other groups. In addition to working with the pediatric dentists, we are also working with pediatricians on this issue. They are great allies in community water fluoridation.

The important point is that we are sharing information. We are looking at what is happening in California where dental screening of public schoolchildren is being implemented. What they learn about the impact of that will be shared with the rest of country. These are just a few examples. The Public Affairs Initiative will continue to grow in its implementation around the country and it's a great example of all three levels of organized dentistry working together to help promote good oral health messages.

Over the years we have grown from an organization that takes a piece of legislation and either supports or opposes it to one that looks ahead and works with lawmakers to introduce bills or to improve legislation to help protect the public.

Our support of the methamphetamine bills introduced in Congress is advocacy for the public good on an issue with a devastating impact on dental health. This is different than lobbying for Medicaid rates because it is an issue that does not have a direct economic impact on our members. The bill is about funding research and about educating the public about the dangers of meth mouth.

Whatever the issue, it is important to stress that our policies and positions are based on accurate scientific information, coupled with our clinical determination of what is correct for our patients.

*This concludes the first part of Dr. Feldman's interview. The second and final installment of the interview will appear in the Sept. 17 ADA News. ■*




**Family photo:** From left, Eric and Jennifer Feldman, Carol Feldman, and Colleen and Sean Feldman, at the 2006 annual session.

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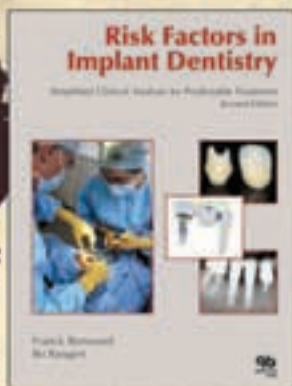
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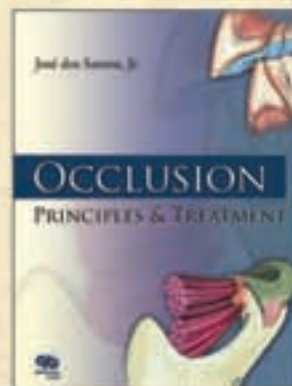
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124 pp (softcover); 86 illus; US \$48



The first of a four-volume series, this book presents the basic tenets that inform the author's approach to patient care—from patient motivation all the way through treatment—as well as his approach to life. Together, these 20 principles serve as the foundation upon which the Alexander Discipline is built.

**R. G. "Wick" Alexander**  
124 pp; 900 illus; US \$138 (Code B4672)



This pictorial atlas presents the results of nightguard vital bleaching with tray application of 10% carbamide peroxide, an affordable alternative to more invasive cosmetic treatment options. Covers indications and contraindications, step-by-step procedures, treatment times, longevity and special considerations for patients with sensitivity and other existing tooth conditions. An ideal chairside tool.

**Van B. Haywood**  
152 pp; 428 illus; US \$98 (Code B4504)



Offering a dynamic alternative to traditional learning tools such as bench-top models and cadavers, the 3D Skull Atlas allows users to construct or dissect a human skull one bone at a time, simultaneously viewing the cranial nerves, sinuses, and inner ear structures in their respective positions relative to other structures of the head. Navigational tools include segmented skull models and photographic and radiographic representations of each anatomic structure.

**Produced by Brown and Hertrich Imaging**  
Platform: PC (X86Win2000 or Win9X); US \$198 (Code C2158)



Transitioning a patient from partial edentulism to full edentulism in the maxilla is a challenge. This book presents the clinical and laboratory protocols for successful treatment of a hopeless dentition using an immediate complete denture. The authors describe a treatment strategy for delivering a functional prosthesis on the same day as the extractions of the anterior dentition, thus facilitating patient adjustment to the edentulous state.

**Michel Prampognik, Michel Fontaine, and Didier Eaux**  
92 pp (softcover); 131 color illus; US \$82 (Code B9184)



An interactive DVD-ROM The 3D Tooth Atlas allows users to examine the morphology of the human dentition in full three-dimensional clarity. Each tooth can be rotated in three axes, rendered completely transparent, and studied from all angles as well as from the inside out. The latest version features an expanded library of teeth (more than 450 interactive models with 200 additional enamel segmented teeth); an expanded pedodontics section; and models of endodontically treated teeth and interactive access preparations.

**Produced by Brown and Hertrich Imaging**  
US \$499 (Code C1109) Upgrade from Version 1, 2, 3, or 4: US \$249 (Please note that purchasers will be charged full price until they return the older version of the 3D Atlas)



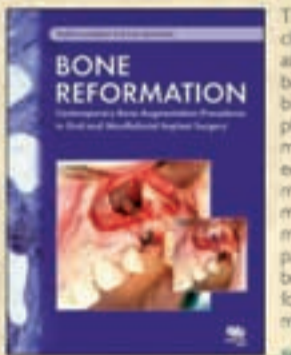
Anchorage control has posed a major obstacle to successful orthodontic treatment, particularly in complicated cases. Through skeletal anchorage, mini implants give clinicians much greater control over tooth movement. This book describes the biologic and biomechanical rationale for this treatment modality, as well as each step in its clinical application.

**Jung Suk Lee, Jung Kook Kim, Young-Choi Park, and Robert L. Vassaralli**  
196 pp; 1,300 illus (mostly color); US \$168 (Code B4658)



Community oral health is an established specialty in parts of Europe and the UK, where practitioners consider dentistry in relation to populations and communities as opposed to individual patient care. Written by leading international experts in the field of oral public health, the second edition of this popular textbook offers a comprehensive, up-to-date understanding of community oral health issues, providing many more examples, illustrations, and perspectives from around the world.

**Editors: Cynthia Pize, Rebecca Harris**  
512 pp; 187 illus (28 color); US \$99 (Code B8812)



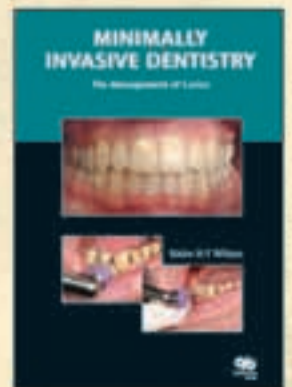
The result of more than 15 years of clinical experience, this book presents augmentation techniques for alveolar bone deficiency that are used in combination with endosseous implant placement. The surgical protocols detail management of severely atrophic edentulous jaws, posttraumatic treatment in the anterior maxilla, and augmentation of the posterior maxilla or mandible, among others. Four accompanying DVDs explain the rationale behind the classical surgical techniques for alveolar reconstruction and augmentation reformation of bone.

**Stefan Lundgren and Lars Somerby**  
146 pp (approx); 561 illus (mostly color); US \$124 (Code B8843)



This comprehensive and timely monograph covers all established methods for vertical and horizontal augmentation of the maxillary and mandibular alveolus in preparation for implant placement, including grafting with bone harvested from both intraoral and extraoral sites; guided bone regeneration techniques; use of biomaterials; and augmentation with distraction osteogenesis. Invaluable for all practitioners involved in implant dentistry and oral and maxillofacial surgery.

**Road Ehnery, Hadi Arzoum, and Patrick Misiak**  
450 pp; 1,460 illus (mostly color); US \$298 (Code B8818)



Minimally invasive management of caries is critical to giving patients teeth for life. The effective practice of modern caries management depends on a shift to a medical rather than a surgical approach to prevention and treatment, combined with good working knowledge of state-of-the-art materials and techniques. This book provides succinct, authoritative, evidence-based insight into the many varied, recent developments in cariology together with essential information and guidance of immediate practical relevance to the forward-thinking practitioner.

**Editor: Naim Wilson**  
148 pp; 170 color illustrations; US \$98 (Code B8834)

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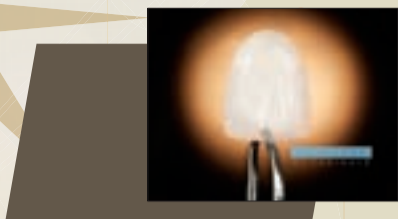
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## New ADA Online Learning Center debuts

San Francisco—Whether you attend the 2007 ADA annual session or can't make it this year, you can take advantage of a new multimedia educational opportunity.

Experience the ADA's continuing education courses captured as true multimedia recreations with synchronized slides, search capabilities, handouts and more. You can now even download MP3 files for portable listening.

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If you are already registered for annual session, visit the meeting registration Web site at "www.ada.org/goto/session" before the meeting to receive special advanced pricing on the package of only \$99. This significant savings of \$200 is available only to registered meeting attendees before the meeting. Don't wait to purchase; once registration closes the price will increase to \$299.

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tion confirmation. If you do not have this number, please contact Experient/ADA Registration at 1-800-521-6017 or by e-mail at "ada@experient-inc.com" to obtain the number.)

If you are unable to attend annual session, you can still take advantage of this multimedia educational opportunity. Visit the new ADA Live Learning Center at ADA.org after the meeting to get more information and to purchase your copy of the annual session scientific program for only \$299. ■

## Learn the latest on proposed revisions to anesthesia guidelines at annual session

BY KAREN FOX

San Francisco—Before the ADA House of Delegates votes on the proposed revisions to the Association's anesthesia guidelines documents this month, members and delegates will have an opportunity to learn more about the changes at a special question-and-answer event during annual session.

The "Proposed Sedation and Anesthesia Guidelines: Q&A" takes place Friday, Sept. 28, from 10:30 a.m. to 12 p.m. at the San Francisco Marriott (Golden Gate Hall A2).

ADA members and delegates are invited to attend the presentation and direct questions regarding the proposed revisions to Dr. Guy Sham-

paine, chair of the Council on Dental Education and Licensure's Committee on Anesthesiology, and committee members who developed the revisions.

"When the original changes in the anesthesia guidelines were released, they raised a number of concerns—some valid and some simply misunderstandings," said Dr. Stephen K. Young, CDEL chair. "The Committee on Anesthesiology responded to these issues by modifying and clarifying the original guidelines, and at the CDEL meeting in April, the council felt the concerns had been addressed and voted to send them to the Board and House.

"Since the modifications were made, the reac-



Dr. Young

tion from the dental community has been overwhelmingly positive," he continued. "The purpose of the Q&A at annual session is to provide members and delegates with information on why the guidelines changes are necessary and give them a final opportunity to have their questions answered."

The revisions to the guidelines have been in the works since 2005 when the House of Delegates passed a resolution supporting the Committee on Anesthesiology's comprehensive review of the ADA anesthesia guidelines documents and policies, primarily to keep pace with other dental and medical organizations that had made significant changes to their documents.

CDEL is submitting three resolutions to the House, which if passed will revise Association policy regarding dental sedation and anesthesia. In July, the ADA Board of Trustees voted to support the adoption of the proposed resolutions.

To view the proposed changes, visit "www.ada.org/goto/hodreports". ■

—foxk@ada.org

## Sip, dine and cook in Wine Country

San Francisco—Come to the 2007 annual session and plan some time to explore the culinary world of California. Whether your passion is cooking or dining, wine-tasting or sightseeing, you can explore the best of San Francisco by taking an ADA exclusive tour.

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Experience the "Best of the Wine Country" with a Restaurant Luncheon as you explore the finest wine-producing regions in the country: the Napa and Sonoma Valleys. Begin your morning with a facility tour of a renowned winery, then enjoy lunch at a charming area restaurant.



Annual session tours: California wine country awaits.

There are nearly three dozen ADA tours to choose from during annual session. For a complete list and descriptions, go to "www.ada.org/goto/session" and register today. ■

## CODA open hearing set for Sept. 27

San Francisco—The Commission on Dental Accreditation will conduct open hearings during annual session to provide its communities of interest with an opportunity to comment on proposed revisions to accreditation standards for dental, allied dental and advanced dental education programs.

To accommodate the varied schedules of annual session attendees, two hearings are scheduled this year. The agenda is the same for both hearings. Those who wish to comment may do so at either session.

The first CODA Open Hearing takes place Thursday, Sept. 27, from 11 a.m. to 12 p.m. in the San Francisco Marriott's Yerba Buena Salon 3-4. Prior to the reference committee on Dental Education and Related Matters, a second Open Hearing will be held on Saturday, Sept. 29, from 8:30 to 9:30 a.m. in the San Francisco Marriott's Yerba Buena Salon 9.



Standards under consideration with comments due Oct. 26, 2007, include:

- Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics;
- Advanced Specialty Education Programs in Dental Public Health;
- Advanced Specialty Education Programs in Oral and Maxillofacial Radiology;
- Dental Assisting Education Programs;
- Dental Laboratory Technology Education Programs.

Standards under consideration with comments due June 1, 2008, include:

- Advanced Specialty Education Programs in Endodontics;
- Advanced Specialty Education Programs in Oral and Maxillofacial Pathology;
- Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics;
- Advanced Specialty Education Programs in Pediatric Dentistry;
- Advanced Specialty Education Programs in Periodontics;
- Advanced Specialty Education Programs in Prosthodontics.

To view the standards for which the commission is seeking comment, go to "www.ada.org/prof/ed/accred/commission/news/index.asp".

If you're attending the open hearing, please bring a copy of the documents with you. A limited number of copies will be available on site. If you plan to comment, you are encouraged to bring a written copy of your comment to the hearing to provide to commission representatives.

If you are unable to attend the hearing, you may submit written comment to the commission until the dates indicated above.

Comments should be submitted to Director, Commission on Dental Accreditation, 211 E. Chicago Avenue, Chicago, IL 60611; or faxed to 1-312-440-2915. Please call 1-312-440-4653 for further assistance. ■

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