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Recommended Citation

American Dental Association, Publishing Division, "ADA News - 12/08/2008" (2008). *ADA News*. 190.
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ADA NEWS

DECEMBER 8, 2008

VOLUME 39 NO. 22

Antitrust questions

ADA asks FTC for guidance on economic issues in light of inquiry on quality-based competition

BY CRAIG PALMER

Washington—The Association in a policy communication with the Federal Trade Commission called for further antitrust guidance on provider collaborations while cautioning against “unnecessary, unhelpful, untimely” government regulation of health care quality information.

■ ADA video podcasts, page 14

The ADA staff-to-FTC staff communication has implications for government health policymakers as the Commission launches a public inquiry to “identify those attributes of health

care quality that consumers, employers, insurers and physicians need and use to enable quality-based competition among providers and treatment options.”

ADA President John S. Findley announced the Association’s Nov. 24 for-the-record comments in a “Dear Colleagues” e-mail update linking to

the full statement on ADA.org (“www.ada.org/prof/advocacy/let_081124_kovacic.pdf”).

“FTC staff will use the information gathered through the [Oct. 30] workshop to prepare a written report, as well as to make recommendations to health care policymakers, including

See FTC, page 23

Association seeks indefinite delay on FTC Red Flags Rule

BY ARLENE FURLONG

Washington—The ADA is urging the FTC to indefinitely postpone the effective date of the Red Flags Rule for dentists while reconsidering its applicability to them overall.

The Rule requires financial institutions and creditors to develop a written plan to prevent and detect identity theft. The Federal Trade Commission staff has deemed dentists and physicians as creditors that are subject to the rule when they don’t receive payment in full from their patients at the time of treatment.

In a Nov. 24 letter, the ADA

■ Public affairs resolutions, page 15

requests a meeting with the FTC to discuss reasons the Association believes the rule should not be applied to dentists. The reasons, background and analysis supporting the ADA position are discussed at length in the letter, which is posted in its entirety at ADA News Today on ADA.org.

“Nowhere in the Red Flags Rule are dentists or physicians mentioned or included within the term creditors,” the ADA letter also states. “Nor are dentists or physicians typically consid-

ered creditors within the customary meaning of the term.”

Many in the health care sector were taken by surprise to learn from FTC-issued guidance that the rules, mandated by a 2003 fair-credit law and issued in November 2007, were intended to go beyond financial institutions to include health care providers.

As a result, the FTC delayed the original enforcement date of the rule for six months—until May 21, 2009—saying in its announcement: “Some industries and entities within the FTC’s jurisdiction were uncertain

See RED FLAGS, page 23

CODA Resolution urges changes

BY KAREN FOX

San Antonio—In accepting the final report of the Task Force on the Commission on Dental Accreditation in June, the ADA Board of Trustees noted the impact of the task force’s benchmarking study that explored best practices in more than 20 accrediting agencies and placed CODA in perspective within the arena in which it operates.

“Whereas CODA seems to be conforming to accreditation processes

See CODA, page 12

NYC dental clinics closure opposed

BY CRAIG PALMER

Albany, N.Y.—A proposed closure of New York City dental clinics in the name of economy “displays a disregard for the city’s most vulnerable populations,” the president of the New York State Dental Association charged in a statement.

“Shutting down New York City’s dental program exhibits a lack of understanding of the impact of dental disease on the health of New Yorkers and displays a disregard for the city’s most vulnerable populations who most need and benefit from access to these programs,” said Dr. Stephen

Gold, a pediatric dentist and tripartite dental organization president.

The threatened closures, part of citywide cuts announced recently by



Dr. Stephen Gold

New York City Mayor Michael Bloomberg, would affect 44 public health dental clinics serving 17,000 of the city’s neediest children, the NYDSA said in a Nov. 19 press release. The city’s school-based dental clinics offer “a crucial public health resource,” the statement said.

A Nov. 2, 1937, New York Times report under a “WPA Dismisses 38 in Dental Clinics” headline cited closure of 12 of 92 clinics through which the WPA and Department of Health “have given dental aid to more than 500,000 children in the last two years.” The Works Progress Adminis-

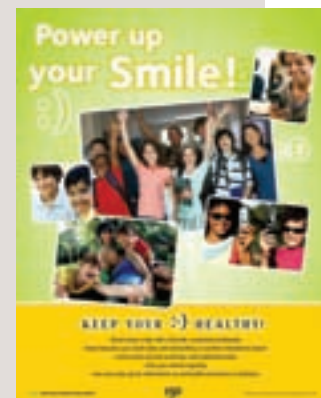
tration (renamed in 1939 the Work Projects Administration; WPA) was the largest of Franklin D. Roosevelt’s New Deal agencies, employing millions of people. ■

BRIEFS

NCDHM: February is National Children’s Dental Health Month and a great time to teach kids healthy habits with entertaining ADA comics, brochures and DVDs.

The ADA has two money-saving kits to make school presentations easy. The 2009 NCDHM theme is “Turn Up Your Smile Power” and features the super trio, Brushetta, the Flossinator and Nutri-Boy. The kits boast a two-sided poster, fun children’s hand-outs, information for parents, tote bags and a booklet with lesson plans for your presentations.

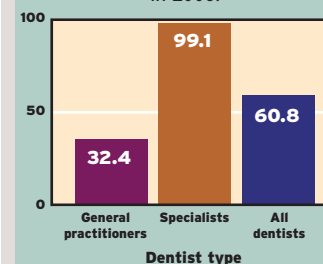
The 2009 NCDHM Kit (Item No. W736) is available to members for \$74.95 and the 2009 NCDHM DVD Kit (W738), which includes the Dudley goes to Camp Brush and Floss DVD, is \$109.95. The ADA is offering a \$15 discount on orders over \$100 with priority code 78134. The kits are available online by visiting “www.adacatalog.org” or by calling 1-800-947-4746. ■



JUST THE FACTS

Implants

On average, specialists placed more implants than general practitioners in 2006.



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

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ADANEWS

(ISSN 0895-2930)

DECEMBER 8, 2008 VOLUME 39, NUMBER 22

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANEWS@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA NEWS are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office. Postmaster: Send address changes to the American Dental Association, ADA NEWS, 211 E. Chicago Ave., Chicago, Ill. 60611. © 2008 American Dental Association. All rights reserved.

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IDS to host 33rd dental trade show

Cologne, Germany—Germany's "Cathedral City" will host the 33rd IDS International Dental Show March 24-28, 2009, at the Cologne Trade fairgrounds.

The world's largest dental trade show, IDS will feature 1,750 exhibitors from some 50 countries worldwide, presenting the latest trends and innovations in the international dental market. The biannual event offers opportunities for dentists, team members, dental laboratory technicians and dental industry representatives to shop, learn and network.

Meeting stager Koelnmesse makes it easy for visitors to make transportation, hotel and meeting arrangements and restaurant reservations online.

The Web site also features a variety of visitor tips that highlight the best sights, sounds, tastes and experiences available in this 2,000-year-old-city, including guides to sightseeing, art, shopping, sports, restaurants, taxi tours and leisure activity ideas.

Log on to the Web site: "www.ids-cologne.de" for details. ■



Cathedral City: Cologne, Germany, will be the site of the IDS International Dental Show in March 2009.



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ViewPoint

MyView

That's what it's all about



Amy De Young, D.D.S.

One recent evening, I was cleaning out some files in my office and ran across a folder that I keep little notes in. The notes have been written by me or my staff to remind us of the funny things that happen in the office. I had not seen this file for quite a while and took a moment to glance through it. One note in particular brought back a bright memory, and I would like to share the story with you.

In early 2003, a 5-year-old girl came to the office with many significant areas of decay. She was quite nervous about the proposed dental treatment, which consisted of several stainless steel crowns and some fillings. My staff and I tried to reassure her that we would take very good care of her and her teeth when she visited us for her dental treatment. The look on her face when she left our office after her initial visit was not what I would call a look of relaxation and confidence. I knew I would have my work cut out for me.

The child returned a few weeks later for her first appointment. She was very apprehensive about the treatment that I was going to do, but was very good about climbing into the dental chair as long as she could have her doll with her. My assistant and I began her appointment and explained everything we were doing as we proceeded. She was a terrific patient and left with a new shiny silver crown and a little silver star in her teeth.

Maybe someday she will become a dentist. Maybe she will just never have a fear of dental treatment.

In the play area, I have a dental chair that usually has a large stuffed bear sitting in it. The bear was on the floor and the little girl's doll was seated in the chair. The child had asked my assistant if she could have something to fix her baby's teeth. Maribeth gave her a little micro-brush to use.

That was not enough, though—she needed more things. Maribeth asked the child what she needed. Her reply was, "Stuff to put on a crown." Maribeth gave her a bite stick, and our little patient went back to work on her doll.

When her mother and I came into the room, I asked my little patient what she was working on. She flashed a big smile and announced that she was giving her baby two silver crowns and two silver stars. "Wow" I said, "that's a lot of work!" Maribeth, my assistant (who was now my patient's assistant for this procedure), asked the child how long all of that treatment would take. The child replied, "Ten hours. No, 13 minutes." A few minutes later, she was finished and headed to the prize basket. She fished out a prize for herself and another for her doll.

Two weeks later she was back for more treatment. She came bounding back all smiles. Mom reported to me that she counts down the days to come back to the

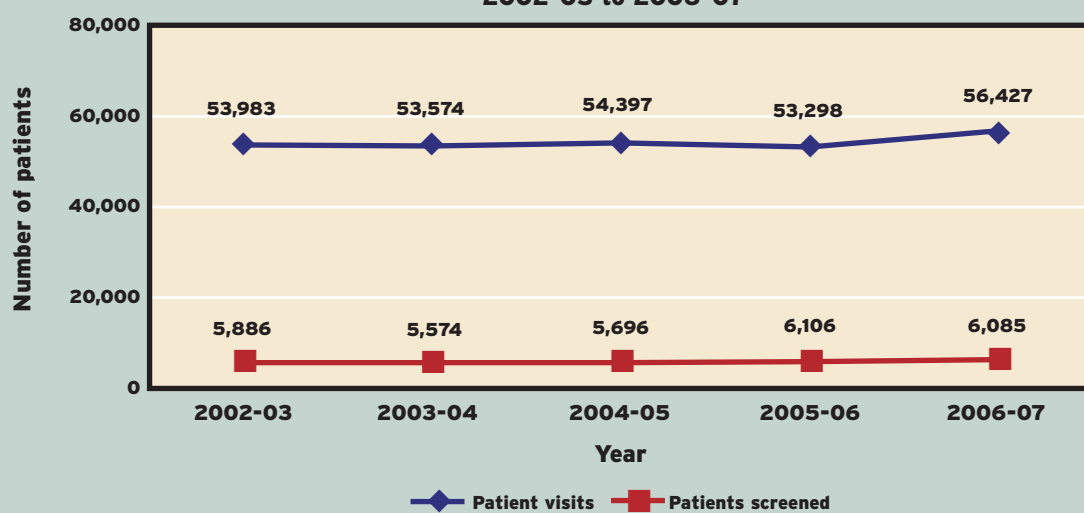
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Patient care

Over the past five years, the average number of patient visits in U.S. dental schools has fluctuated between a low of 53,298 in 2005-06 and a high of 56,427 in 2006-07.

Average number of patient visits and patients screened in U.S. dental schools, 2002-03 to 2006-07



Source: American Dental Association, Survey Center, Surveys of Dental Education.

Letters

Restoratives

I read with interest the results of the recent amalgam survey appearing in the Oct. 20 ADA News ("Snapshots of American Dentistry").

It was determined that dentists' satisfaction with amalgam from 2000 to 2007 had increased by 10.7 percent. This increase cannot be due to improvement in the material but rather the dissatisfaction with the array of dental restorative materials that continually bombard the dental market. But, where's gold?

When I started practicing dentistry 30 years ago I was averse to using gold. After seeing thousands of teeth and the failure of so many "new" restorative materials due to fractures, open margins, occlusal wear of the material or the opposing tooth, discoloration, poor contacts, etc., I reversed my thinking and am now a proponent of the use of gold as the best long-term restorative option. In conclusion, amalgam (or composite or porcelain) is satisfactory, but where indicated and when possible—go for the gold!

*Elliott M. Barish, D.D.S.
White Plains, N.Y.*

Editor's note: The graph Dr. Barish mentions is based on the results of the 2008 Survey of Current Issues

in Dentistry. According to the ADA Survey Center, the questions in the survey were designed to elicit dentists' opinions on amalgam only (not composites, porcelain or gold). The ADA agrees with Dr. Barish's opinion that gold is a valuable long-term restorative option.

However, the survey in question does not support the idea that increasing satisfaction with amalgam coincides with increasing dissatisfaction with other restorative materials.

DR

As a member of the ADA Council on Dental Benefit Programs, I would like to point out the disaster that nearly occurred in the final moments of the 2008 House of Delegates. The House had just completed its vote on the final

resolution, and was over budget. The treasurer and the Board of Trustees convened and then presented a list of budget cuts to the House. This list consisted of a number of program funding reductions, postponement of wage and volunteer reimbursement increases, and the complete elimination of the direct reimbursement program.

At no time was any serious debate given to the merits of the DR program, reasons for its elimination, or the numerous financial problems that could ensue as a result of its abrupt termination. The House was not informed that elimination of DR could have serious financial implications for the states as well.

Even though DR is moribund in many states, it is alive and well in many others. These components take advantage of the ADA co-op program matching funds for marketing and promotional purposes. They made contractual commitments based on the availability of these funds. In my own Seventh District, the Ohio Dental Association Council on Dental Care Programs and Dental Practice had just received approval from its House of Delegates for a major marketing and branding program, based on the availability of co-op funds.

Council members rose to address this issue in the House, but were

See LETTERS, page five

LettersPolicy

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

Letters

Continued from page four
stranded at the debate microphones while speaker after speaker spoke through the procedural microphones about points of order. When debate finally returned to the debate microphones, the question was immediately called, and the vote taken, without one word spoken about the financial implications. Fortunately, the DR program was retained, with some funding reduction that did not affect the co-op program. Budgetary disaster at the component level was averted.

In light of this episode, I would like to suggest that in similar occasions, the House leadership closely examine all financial implications, keeping in mind that the ADA budget also affects the components. At the very least, prior consultation with council chairs and directors would be in order.

*Philip J. Eversman, D.D.S.
Member, Council on Dental Benefit Programs
Avon, Ind.*

Annual session

I wanted to share with you a brief story about my recent trip to San Antonio, Texas for this year's annual session.

I am a dentist from Lanai, Hawaii, which means I flew from Lanai to Oahu to Dallas and then to San Antonio. Upon my arrival, I took the well-staged shuttle bus to my hotel. Once I got there, to my dismay, my staff had not booked me at that particular hotel but another with the same name at the airport. Like everyone else coming in, I wanted to be in the downtown area to attend the meetings and social events.

I was so tired from the many hours on the plane that tears started to well in my eyes. I didn't want to cry, but that's what came out. It was just then that a wonderful woman came to my rescue. I cannot tell you her title, but for me, it was "angel."

This woman tried to talk to the front desk, then asked for a phone book and started calling all the local hotels in the downtown to get me a room. No one asked her to do it, she just did. She gave me her cell phone number and even at one point was going to take me home with her. I couldn't believe the level of hospitality that she was showing to someone she had never met. She kept telling me that she didn't want to disappoint me on this trip to my convention in Texas.

I was able, with her help, to get a room for the

remainder of my stay within walking distance of the convention center. She made sure I had the name of the person at the hotel's desk so that I would get the room I had reserved with no further hassles. She even called later to check on me and make sure things were going well.

I want to say thanks to the San Antonio convention group that enlisted the help of this wonderful woman, Diane Singleton, along with the many other friendly volunteers who made this trip turn out much better than when it started. I hope that we can show as much Aloha as was shown to us when the ADA membership comes to Hawaii next year. Mahalo Nui Loa to our hosts in San Antonio and my special thanks to that one special "angel," Diane.

*Nora Harmsen, D.D.S.
Lanai City, Hawaii*

Foreign training

Dr. Carlos Sanchez ("Letters," Sept. 15 ADA New) claims that foreign dental programs as equivalent to American programs "is ridiculous and wishful thinking." Dr. Ramon Nacilla ("Letters," Oct. 20) follows up on the topic by characterizing Dr. Sanchez' statement using his own term "ridiculous."

Great variations in dental education exist nationally and internationally and comparisons are difficult. The outcome of dental education in the day-to-day treatment of patients depends on the expected outcome of dental treatment by you as the clinician and by the patient. Take restorative dentistry as an example. It represents the major workload in dental practice everywhere, including in the U.S. How does it relate

to preventive dentistry? An example from dentistry as it is practiced in Scandinavia is published in the article "Caries and Restoration Prevention" (The Journal of the American Dental Association, 2008, Vol. 139, pages 565-570).

Do you want to practice preventive dentistry or do you want to "drill and fill"? The choice is yours, provided you have a dental education that focuses on both of these aspects of dentistry. What do your patients want?

How does American dental education rate with respect to the practice of preventive dentistry?

Ivar A. Mjör, B.D.S., M.S.D.

Professor Emeritus

Academy 100 Eminent Scholar

University of Florida College of Dentistry

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MyView

Continued from page four
dentist, and she has to show her silver crown off to anyone and everyone. Her doll had stayed home this time because "she needed a nap." Her mother told us that her doll needed a break from all of the dental treatment that the budding dentist had been subjecting her to.

This story just makes me smile. It makes me feel like I made a real difference in this child's life. I was able to take a situation that she was very concerned about and turn it into playtime ... literally. Her family has since moved away. I wonder if she will continue with her fascination of dentistry. Maybe someday she will become a dentist. Maybe she will just never have a fear of dental treatment. If that is the case, I did make a difference in her life, and that makes me very happy.

Dr. De Young is the immediate past president of the West Michigan District Dental Society. Her comments, reprinted here with permission, originally appeared in the Summer 2008 issue of the WMDSDS publication, The Bulletin.

Illinois State Dental Society starts search for new executive director

Springfield, Ill.—The Illinois State Dental Society is seeking a new executive director.

Robert Rechner, who currently holds the position, has announced he will complete his tenure at the ISDS in late 2009. Mr. Rechner has served 29 years as the ISDS executive director.

The ISDS says preference will be given to candidates possessing knowledge of the health care industry, familiarity with association work or an

advanced degree in an applicable area. Excellent verbal and interpersonal skills are required.

Requirements include a bachelor's degree and at least five years experience in management. Applicants should possess the ability to manage a 15-20 person staff, coordinate professional relations and maintain the business of the society according to direction from the ISDS Board of Trustees and its House of Delegates.

The position requires some travel and some evening and weekend work. The ISDS is offering a salary commensurate with qualifications and experience.

Interested applicants may either request additional information or submit a resume and cover letter, attention: Dr. Elizabeth A. Shapiro, P.O. Box 240, Waterman, IL 60556, or e-mail to "easdds@verizon.net". The deadline for applications is Feb. 15, 2009. ■



Mr. Sullivan



Dr. Cubbon

OLOF now 136 strong—and still gaining partners

BY JENNIFER GARVIN

Dental Education: Our Legacy—Our Future has increased its total number of partners to 136 with the addition of Henry Schein Dental, the Chicago Dental Society and Chicago Dental Society Foundation.

"Being a part of Our Legacy—Our Future is another way to illustrate our commitment to the dental industry," said Tim Sullivan, president, Henry Schein Dental. "This profession's core is rooted in the dental education system and we're proud to do our part to help secure the future of the dental profession."

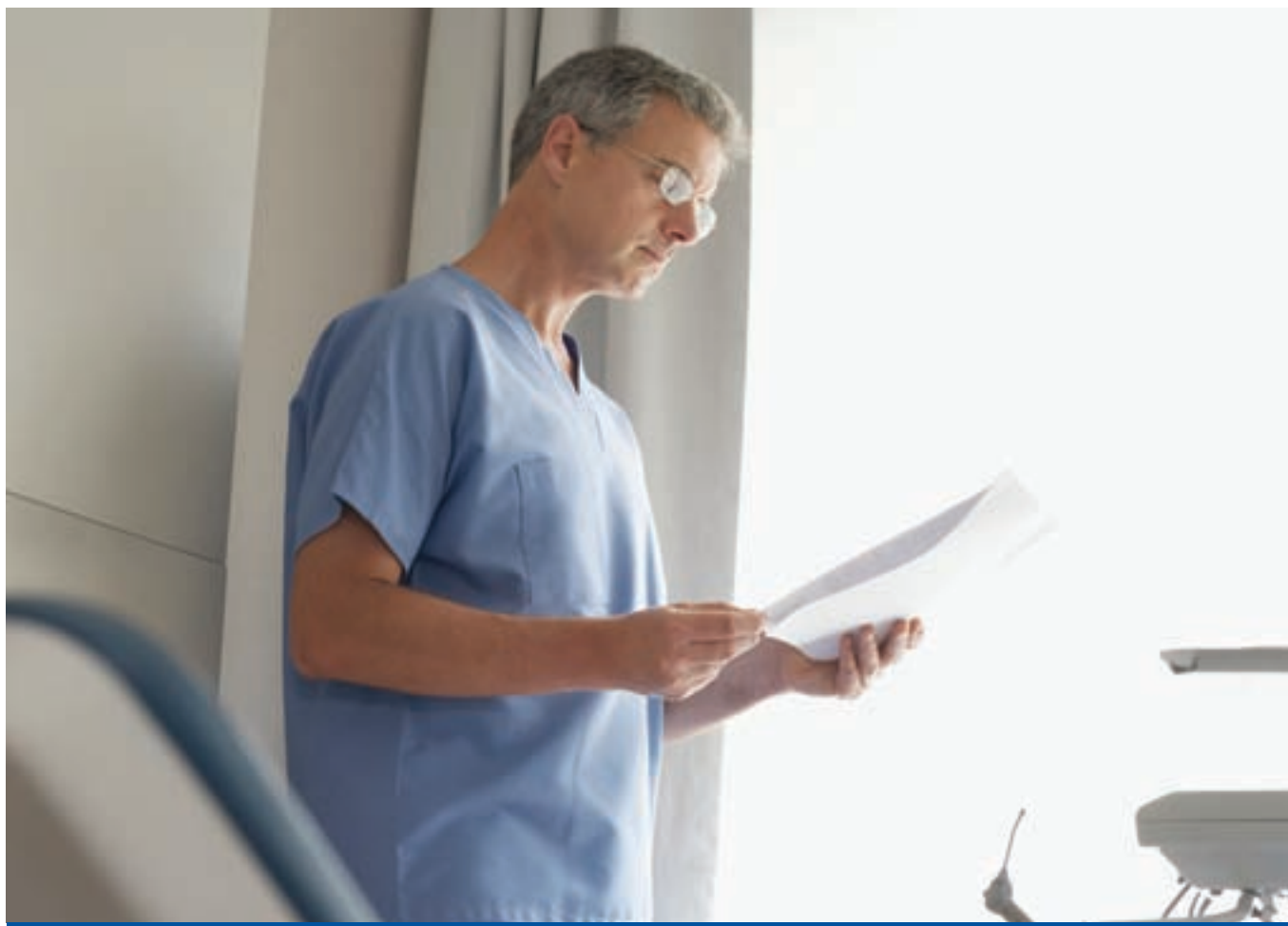
Our Legacy—Our Future, spearheaded by the ADA Foundation and other partners, is an initiative designed to raise awareness of the importance of dental education and to promote a culture of philanthropy within the dental profession and solicit a call to action to address these issues. The program encourages interested donors to give directly to the partner institutions of their choice.

"The Chicago Dental Society is an eager, willing and able partner of the ADA Our Legacy—Our Future program," said Dr. Todd Cubbon, CDS president. "Due to reductions in state budgeted funding for our two state dental schools, a crisis exists in Illinois."

"To date the CDS, within the OLOF framework, has donated over \$1.6 million for faculty positions and an additional \$360,000 in direct academic grants to dental students of Illinois' two schools. The recently formed Chicago Dental Society Foundation, also an Our Legacy—Our Future partner, plans to work hard to assist the ADA program in achieving its admirable goal."

Our Legacy—Our Future celebrated its two-year anniversary in July and is dedicated to helping its partners raise additional and increased funds for their respective fundraising efforts by offering free communication tools, including fact sheets, brochures, videos and newsletters.

For more information, visit "www.ourlegacy-ourfuture.org" or call 1-312-587-4716 or the ADA toll-free number, Ext. 4716. ■



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Dr. Feldman to lead NYSDA as interim executive director

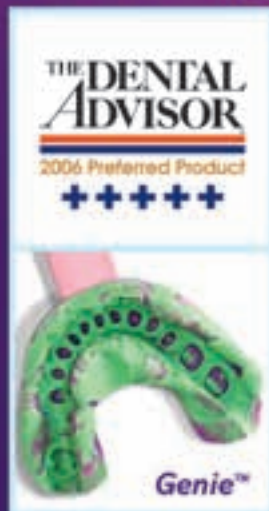
Albany, N.Y.—Dr. Mark J. Feldman, the ADA's immediate past president, has a new job. With barely a chance to catch his breath after a challenging year as ADA president, Dr. Feldman has agreed to serve as interim executive director of the New York State Dental Association, starting Jan. 1.

An endodontist from Roslyn, N.Y., Dr. Feldman will hold the interim post as the state association searches for a new executive director to succeed Roy Lasky, who is stepping down after 18 years. Mr. Lasky is expected to continue serving NYSDA as a lobbyist and government affairs consultant. ■

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Health&Science

HOD adopts whitening resolution amid safety concerns for patients

BY JENNIFER GARVIN

San Antonio—Concerns about safety issues regarding unlicensed providers working in teeth-whitening businesses has prompted the ADA

House of Delegates to adopt Resolution 73H-2008, which commits the ADA to supporting the education of the public on the importance of consulting a licensed dentist to determine if

whitening/bleaching is an appropriate course of treatment.

“The foremost concern is that there may be a chemical or ingredient being used that may be

harmful to patients,” said Dr. Daniel M. Meyer, ADA senior vice president, science/professional relations.

“Since these products are not regulated by the U.S. Food and Drug Administration, there is no assurance that they are safe or effective.

“Some bleaching materials could be harmful,” he continued, “especially if they are not applied carefully or are applied too long. In addition, there are also concerns over infection control and underlying conditions that may require the care of a dentist or physician prior to patients using these products.”

The resolution also directs the Association to petition the FDA to properly classify tooth whitening and bleaching agents and directs the ADA Council on Scientific Affairs to compile scientific research to describe treatment considerations for dentists prior to performing these procedures in order to reduce the incidence of adverse outcomes and report these findings to all state dental associations.

The resolution also urges constituent societies, through legislative or regulatory efforts, to support the proposition that the administering or application of any intra-oral chemical for the sole purpose of whitening/bleaching of the teeth by whatever technique, save for the lawfully permitted self application and application by a parent and/or guardian, constitutes the practice of dentistry and any nondentist engaging in such activity is committing the unlicensed practice of dentistry.

“Since these products are not regulated by the U.S. Food and Drug Administration, there is no assurance that they are safe or effective,” Dr. Meyer said.

“It’s important that the FDA get involved in looking at these products,” Dr. Meyer said. “We need to have a better understanding of what they are and how they are being used.”

Additionally, the ADA Legal Division has conducted a constituent dental society survey on whitening and has offered to assist dental societies with resources that may help in their efforts to lobby their dental boards to take action regarding these whitening clinics.

To see the ADA statement on the safety and effectiveness of tooth-whitening products, visit www.ada.org/prof/resources/positions/statements/whiten2.asp.

For more information, call the ADA Division of Science at the ADA toll-free number, Ext. 2878 or the ADA Department of State Government Affairs at Ext. 2525.

Other science-related resolutions adopted at the House are:

Res. 12H-2008, calls for the ADA Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (Trans.1999: 977, 983; 2004:300) to be amended to reflect the ADA position on infection control and the practice of dentistry more generally.

The impetus for this policy amendment was the 2007 report published in the Journal of Infectious Diseases that documented a case of patient-to-patient hepatitis B virus transmission in a dental office, the resolution stated.

Previously, the last paragraph of the policy statement’s introduction stated that “since 1987 and the implementation of standard precautions, there have been no documented outbreaks of HBV or HCV associated with the practice of dentistry.”

Res. 46H-2008 urges the ADA Board of Trustees to explore negotiations with the Cochrane Collaboration, an international not-for-profit organization providing up-to-date information about the effects of health care, to obtain full access to the Cochrane Library services for all ADA members. ■

—garvinj@ada.org

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Matsco honors dental office design winners

San Antonio—Swonke Family Dentistry in Woodlands, Texas, was named Matsco's 2008 Dental Office Design of the Year winner in the small practice category during the ADA annual session Oct. 16-19.

The award honors the practice as the best overall facility in functional design, efficient interior space planning and appropriate integration of dental equipment and technology in the small practice category.

Dr. Mark H. Kogut of Dallas won the group practice category as well as the Outstanding Specialty Practice award for the best new, remodeled or expanded facility for a specialty practice.

Stobert Dental PC, Kalkaska, Mich., won the Outstanding New Dentist Practice award, which recognizes the best new, remodeled or expanded facility for the first practice owned by a doctor or

group of doctors who have graduated dental school since 1997.

All practice types with newly built offices or offices with leasehold improvements or renovations completed between Jan. 1, 2005 and Dec. 31, 2007 were eligible to enter the competition that was showcased at the ADA annual session Oct. 16-19 at the Henry B. Gonzalez Convention Center.

A panel of dental industry and design experts selected the winners on-site in San Antonio during the annual session.

Both "Dental Office Design of the Year" winners received a \$2,500 Bonus Marketing Fund, a feature story in Dental Economics and an engraved plaque for their office. Awards and other media coverage will be provided to other category winners.

For more information about the Dental Office Design Competition, including entry guidelines and schedules for the 2009 competition, visit "www.matsco.com/DODC".

Matsco is the only practice financing company endorsed by ADA Member Advantage. ■



Photo by Lagniappe Studio

Design winner: Dr. Terrance Swonke (center), Swonke Family Dentistry, winner of the Dental Office Design of the Year award for a Small Practice accepts congratulations from Dr. Joe Blaes, editor, Dental Economics; and Stacy Weir, vice president of marketing, Matsco, at annual session.

House amends CAPIR bylaws

BY STACIE CROZIER

San Antonio—Amending the ADA Bylaws regarding the duties of the ADA Council on Access, Prevention and Interprofessional Relations, the ADA House of Delegates reinforced the council's role to work with internal and external groups to evaluate public health trends, recommend policy and improve access to care, said Dr. Lindsey A. Robinson, council chair.

The House adopted Resolution 40H-2008 during annual session in October.

"Adoption of CAPIR's bylaws clarifies the importance of our duties in managing programs like Give Kids A Smile, fluoridation issues, developing resources, advising the association on issues of access, prevention and interprofessional relations, providing advice to constituencies on public health matters and more," said Dr. Robinson.

"CAPIR is uniquely positioned to facilitate collaboration and promote dialogue between the ADA and a broad array of communities of interest and further position the Association as America's leading advocate for oral health."

To read the resolution's listing of 11 CAPIR duties, log on to "www.ada.org/goto/hod".

The House also passed Resolution 69H-2008, which directs the council to "assess current ADA programs, projects and activities specific to access to care and similar activities conducted outside of the ADA and develop a draft access Strategic Work Plan to be presented to the 2009 ADA House of Delegates."

The plan should include goals, implementation steps, policy recommendations, strong evaluation components, and monitoring plans to facilitate setting realistic timelines, guidelines and budgets, and serve as vehicle to enlist collaborative action to improve access to care by a broad stakeholder community.

"This resolution," said Dr. Robinson, "reaffirms CAPIR's ongoing work in projects like the upcoming access summit, which will generate action items to help us develop long-term plans for future initiatives."

For more details, contact Dr. Steven P. Geiermann, CAPIR senior manager, Access, Community Oral Health Infrastructure and Capacity, by e-mailing "geiermanns@ada.org" or calling toll-free, Ext. 2667. ■

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New FDI executive director

Dr. David Alexander draws on dental practice, military dentistry, public health and industry experience to lead global organization

BY STACIE CROZIER

Ferney-Voltaire, France—With one of the largest memberships within the FDI World Dental Federation, ADA member dentists have an important role in the organization that serves as the international voice of dentistry.

Dr. David Alexander, the FDI's new executive director, encourages ADA members to become

more aware of and involved in the FDI as it reaches out globally to improve oral health for all people.

"The FDI is an association of over 135 national dental associations and about 60 other related organizations worldwide," said Dr. Alexander. "FDI really is the global voice of dentistry and for the promotion of oral health."

FDI programs span the globe, promoting public health and oral health, continuing education and advocacy—especially targeting those who need improved oral health the most.

"Today, 80 percent of all dental care is given to 20 percent of the population," said Dr. Alexander. "We need to deliver oral health to the rest and put emphasis on advocating for global public

health. The FDI promotes and advocates for oral health in an arena where the public struggles to speak for themselves."

Dr. Alexander's background in general dental practice, military dentistry, public health and the worldwide dental and pharmaceutical industry, he said, has prepared him to help the FDI carry out its global vision of leading the world to optimal oral health.

Early on in his career as a dentist in the British Navy, Dr. Alexander was posted in the Southeast Asian nation of Brunei.

"I was one of the first dentists to go to Brunei, where there was so much dental disease," said Dr. Alexander. "Even though it was one of the smallest, wealthiest nations in the world, it was a challenge to work in a population that had never before received dental care. I felt unprepared at the time to do so. I had never seen, let alone managed, nursing bottle caries. Wrapping infants in blankets to remove their abscessed teeth was something never discussed as I was being prepared for the assignment."

Photo courtesy of FDI World Dental Federation



Global view: Dr. Alexander addresses the FDI General Assembly in Stockholm, Sweden, during the FDI World Dental Congress in September. "The FDI promotes and advocates for oral health in an arena where the public struggles to speak for themselves," he told the ADA News.

Inspired by his experience in Brunei, Dr. Alexander decided to pursue graduate training in dental public health. His research studied the effects of diet and stress on oral health. He continued his research at the National Naval Dental Center in Bethesda, Md., where he was on loan by the British Navy.

He also completed a residency at the National Institute of Dental and Craniofacial Research before leaving the Navy for a position at Block Drug Co. Inc., now owned by GlaxoSmithKline Consumer Healthcare. Prior to joining the FDI, Dr. Alexander served as the senior dentist in a global strategic development role for GSK.

"At GSK, I worked with many talented and very innovative individuals from very diverse disciplines—from bench scientists to behavior change gurus—and served as a conduit of communication worldwide between the company and the profession," he said. "I got to know an awful lot about world dental health. I worked

See FDI, page 20

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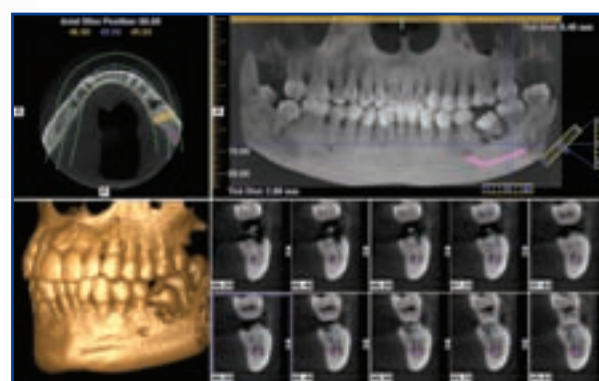


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CODA

Continued from page one

which are considered best practices, the study did elicit some areas in which significant variation exists," said Board Report 15 to the 2008 House of Delegates. "These include the size of the commission, the breadth of the scope of accreditation, communications and the definition and understanding of the ADA/CODA relationship."

The House agreed, and at its October meeting approved Resolution 37H-2008, which states that the ADA should encourage CODA to accept and implement the changes in "Implementation of Recommendations in the CODA Task Force Report." (To read Res. 37H-2008, see story, this page.) The report sets forth 34 recommendations that range from slight alterations to more substantial changes in existing structure, governance, policy, operating procedure and functionality.

The Board appointed the 14-member task force in April 2007 in response to concerns from several communities of interest. The task force included representatives of CODA, the Council on Dental Education and Licensure, American Dental Education Association, American Association of Dental Examiners, a public member of CODA with accreditation expertise, and members of the ADA Board and House of Delegates with no affiliation with ADEA or AADE.

"The task force was very pleased that the House validated its efforts by passing Res. 37," said Dr. David Whiston, task force chair. "Every member of the task force worked extraordinarily hard to deliver a far-reaching consensus document to the House of Delegates."

"The ADA is certainly committed to reaching out to all areas of our profession for the ultimate



Consensus: Members of the Task Force on the Commission on Dental Accreditation pose for a group photo at their final meeting April 7. Seated from left are Tamra Kempf, ADA chief legal counsel; Karen W. Kershenstein, Ph.D., public member, former USDE staff member; Dr. Patricia Blanton, periodontist, member of the ADA House of Delegates; Dr. Whiston, task force chair, oral and maxillofacial surgeon, past ADA president (1997-98) and a board member of the Joint Commission; Dr. Linda Himmelberger, general dentist, dental examiner, CDEL member; and Sharon Goldsmith, Plexus Consulting Group LLC. Standing from left are Dr. Jeffrey W. Hutter, endodontist, dean of the Boston University Goldman School of Dental Medicine, CODA member; Dr. Henry W. Fields, orthodontist, CDEL member; Dr. Mark L. Christensen, general dentist, dental examiner, AADE member, past CODA member, member of the Joint Commission on National Dental Examinations; Dr. Roger Kiesling, general dentist, CDEL member; Dr. Kenneth L. Kalkwarf, periodontist, dean of the University of Texas Health Science Center-San Antonio Dental School, ADEA past president, past CODA chair; Dr. William Calnon, general dentist, ADA 2nd District trustee; Dr. Donald Cadle Jr., general dentist, immediate past ADA 17th District trustee; Dr. Mark Feldman, ex-officio task force member, ADA immediate past president; and Dr. Larry W. Nissen, oral and maxillofacial surgeon, CODA member.

benefit of patients," he continued. "Obviously the task force feels that a significant part of that public benefit comes from strong professional leadership, and the accreditation process contributes directly to the professional integrity necessary for that leadership."

"We are taking this report and these recommendations very seriously and we will thorough-

ly, objectively and honestly communicate our results, however long it takes," said Dr. James Koelbl, chair of the Commission on Dental Accreditation.

Some of the task force's recommendations were being developed by CODA before the report was issued, he added.

For example, the report calls for enhanced communications between CODA and its communities of interest and an extended meeting format. The commission has already distributed the first issue of its new electronic newsletter, Accreditation News, and a recent information session was held at ADA Headquarters for members of the communities of interest. Both of these changes were the result of an ad-hoc CODA



Dr. Koelbl

"No matter how good a process CODA has, and we have objective evidence that CODA's process of accreditation is one of the best in the world, we recognize it can always be improved."

Committee on Communication, which has been working over this past year under the leadership of Dr. Larry Nissen.

In addition, the format of the January 2009 meeting has been revised in order to allow more time for the review and discussion of accreditation decisions.

"For the recommendations that have not been addressed yet, we can deal with some of them now through our existing standing committees, but some will obviously take more time," said Dr. Koelbl.

One recommendation in the report is that CODA continue its affiliation with the U.S. Department of Education. "The relationship should continue to be monitored and if additional or different accreditation affiliations present benefits they should be investigated," said Board Report 15. "However, the relationship of 'arm's

Complete text of House-approved Res. 37H-2008

Resolution 37H-2008, Implementation of Recommendations in the CODA Task Force Report, states that the ADA "out of its deep concern about aspects of the accreditation process strongly urges the ADA Commission on Dental Accreditation to accept and implement the Report of the Task Force on CODA, and be it further

"Resolved that the ADA urges CODA to work with all interested parties to implement the recommendations as they are reflected in the body of the Report, and be it further,

"Resolved that the President of the ADA appoint a committee for the express purpose of monitoring and assisting CODA in implementing the recommendations of the Task Force Report, and be it further

"Resolved, that this committee consist of a chair, three members of the Board of Trustees and three members of the House of Delegates, and be it further

"Resolved that the ADA urges CODA to provide a comprehensive report to the 2009 House detailing progress on the implementation of the recommendations of the Task Force Report." ■

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length relationship' needs to be better defined to determine exactly how long the arm is and how much coordination can occur between CODA and the ADA."

In issuing its final report, Dr. Whiston said the task force specifically focused on structural and cultural changes in CODA as identifiable targets for improvement.

The task force offered several reasons for restructuring CODA in its report, including the fact that the commission accredits a broader scope of educational programs within a single commission compared to most other accreditation agencies; CODA has a larger number of commissioners compared to most other accreditation agencies; research indicates expected increases in the number of dental related and advanced practice programs; and potential

See CODA, page 14



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House approves plan for podcasts

BY KAREN FOX

San Antonio—In Resolution 29H-2008, the House of Delegates approved a plan for the ADA to produce a year-long series of video podcasts for the public on a variety of oral health topics.

“Our younger patient demographics—young adults and teenagers—are not typically receiving information from traditional mainstream media,” said Dr. David Dodell, a consultant on the project and a past member of the Council on Communications, the agency developing the podcasts. “Podcasts give us the potential to reach a younger, Web-savvy patient demographic and ensure that these patients get the most accurate oral health information.”

“The ADA is recognized as the best resource for oral health information, but we face new challenges when it comes to translating that information in a way that is relevant to the public,” added Dr. Peter Carroll, chair of the ADA Council on Communications. “This is another way that we can increase the presence of the ADA as a trusted resource to the public and promote a positive image of the ADA and dentistry.”

Podcasts are video and audio productions posted on the Internet and designed for playback on computers or portable digital players like iPods. The ADA podcasts will be about 5 minutes in length and address consumer health topics like the importance of oral hygiene, risk factors related to oral cancer, the importance of oral health to overall health, the effect of energy

drinks on oral health and oral health during pregnancy.

There is an entirely new generation of patients, generally in the 18-35 age range, that has grown up online, said Dr. Dodell. This younger segment of the population tends to receive information from newer media sources on the Internet. They are the heaviest consumers of online videos, which are now watched by 70 percent of Americans—according to a June 2008 report from comScore, a service that evaluates the size of a Web site’s audience.



The ADA podcasts will be presented in an informal style that appeals to viewers who increasingly get their health news from alternative media, said Dr. Dodell.

“The Internet is not cut and dry like the evening news,” he said. “The presentation will have to be lighter in tone, perhaps even humorous.”

About 40 ADA members submitted audition videos earlier this year to host the podcasts. The host selected by the ADA will be announced by February. ■

Podcast video: Dr. Dodell (at left) says it’s a medium geared to the Web-savvy patient population.

CODA

Continued from page 12

changes in practice scope and an increase in the number of international programs applying for international accreditation could add to CODA’s workload.

The task force recommended that CODA establish an oversight body with two accrediting agencies that would conduct accreditation activities for: (1) predoctoral, allied dental and international predoctoral programs, and (2) specialty, advanced general dental and international advanced dental programs.

In addition to the House-authorized ad-hoc committee—to be appointed by ADA President John S. Findley—to monitor and advise the commission on implementation of the task force recommendations, Dr. Koelbl will appoint a special CODA ad-hoc committee to oversee the process and deal with more substantive items, such as restructuring. The committee will meet via telephone conference call prior to the January commission meeting to begin developing a process for reviewing the ADA recommendations.

Plans are also in the works for the full commission to address the report’s 34 recommendations during a mega issue discussion at CODA’s January 2009 meeting.

Ongoing communication with the ADA Board of Trustees and other communities of interest will be a priority for CODA as it analyzes and implements the task force report, said Dr. Koelbl.

“No matter how good a process CODA has, and we have objective evidence that CODA’s process of accreditation is one of the best in the world, we recognize it can always be improved,” he said. “We’re open to looking honestly at ourselves and doing what we can to make it better.” ■

—foxk@ada.org

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2008 public affairs, legal and legislative resolutions

HOD directs Association to lobby Congress for ban on soda pop

BY JENNIFER GARVIN

San Antonio—The following are public affairs, legal and legislative-related resolutions adopted by the 2008 House of Delegates during the ADA annual session in October. (See the Nov. 3 and 17 ADA News and stories throughout this issue for additional summaries of key actions.)

Resolution 44H-2008 concerns Medicaid provider numbers for dental facilities and resolves that the ADA identify the various impediments, at both the federal and state levels, that make it diffi-

AnnualSession

cult for facilities to bill for services provided by dentists who volunteer their services to public clinics and similar facilities and work with constituent dental societies, government agencies and others to make necessary legislative/regulatory adjustments.

Res. 45H-2008 resolves that the ADA advocate for increased federal funding for primary care postdoctoral training programs such as general practice residencies, pediatric dentistry programs and advanced education in general dentistry to ameliorate national access to dental care issues and enhance opportunities for extended clinical training and experience.

Res. 48H-2008 resolves that the ADA Board of Trustees, in connection with any proposed non-de minimus grant by the ADA of rights in or to ADA

intellectual property, require the ADA council(s) having substantive knowledge of the intellectual property to be involved from the beginning in discussions concerning the proposed grant, to review the terms of such proposed grants and to make recommendation(s) to the Board of Trustees on the proposed grant.

The resolution also directs the ADA Board of Trustees, after having considered the recommendations of the appropriate ADA council(s), when appropriate, to make a determination concerning the proposed grant.

Res. 49H-2008 resolves that a report and all documentation from the ADA Board of Trustees and ADA staff (which includes all relevant information from the Alaska Native Tribal Health Consortium) detailing the steps that have been undertaken to achieve compliance with each provision of the Alaska Settlement Agreement be provided as discussed below to the 2008 House of Delegates.

This report and supporting documents should address the denial of a second dentist to the Community Health Aide Program Certification Board, and identify where compliance has not been achieved, or may not be achievable, and provide a date by which the ADA and ANTHC would be in complete compliance.

The resolution also states that the report will include all available information concerning attempts by the Arizona Intertribal Council in 2008 or actions by any other Tribe to expand the Alaska Dental CHAP Program to the lower 48 states, and that this report be transmitted to the Speaker of the House and to each of the delegates assembled here by U.S. mail or e-mail on or before Dec. 31, 2008, and that all supporting documentation be made available to Delegates and Alternates upon request.

Res. 51H-2008 addresses removing soda pop and other sugar-containing beverages from the United States Department of Agriculture Food Stamp Program. The resolution asks for the ADA to encourage specialty dental organizations and constituent dental societies to join the National Alliance for Nutrition and Activity to support efforts to improve the nutrition standards and public education components of all USDA programs and also resolves that the ADA take all necessary steps to lobby the U.S. Congress and the U.S. Department of Agriculture to institute a ban on the use of food stamps to purchase soda pop and other sugar-based beverages which derive more than 51 percent of their calories from sugar or natural sweeteners.

Res. 74H-2008 states that the ADA position on any proposed new member of the dental team be an individual supervised by a dentist and be based upon a determination of need, sufficient education and training, and a scope of practice that ensures the protection of the public's oral health.

Res. 75H-2008 resolves that the ADA public affairs and advocacy efforts should assist constituent societies in dealing with proposals to change the scope of practice for allied dental personnel by focusing on determining need, promoting sufficient education, training, supervision by a dentist and a scope of practice that ensures the protection of the public's oral health. The ADA should offer support to those constituent societies facing potential scope of practice changes to enable the best possible outcome.

Res. 89H-2008 resolves that the Future of Health Care/Universal Coverage Task Force report be accepted, and also resolves that the appropriate agencies of the Association ensure that the report include a prominent disclaimer on each page of the informational glossary that states "This does not represent ADA policy and is for informational purposes only." ■

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ADA House eyes survey reportage, dental care and benefit issues, policy language

San Antonio—The following are among dental benefits, practice, science and health resolutions the 2008 House of Delegates adopted during the ADA annual session in October.

Resolution 1H-2008 amends language in the ADA policy on Authority for Code Revision by deleting the word “all” in the second resolving clause and adding “In accordance with a process that reflects applicable legal and regulatory requirements (e.g., the Health Insurance Portability and Accountability Act of 1996).” The clause reads as follows:

AnnualSession

with a process that reflects applicable legal and regulatory requirements (e.g., the Health Insurance Portability and Accountability Act of 1996).” The clause reads as follows:

The Council on Dental Benefit Programs, with the approval of the Board of Trustees, has the authority to effect changes to the Code in consultation with national dental organizations and the dental benefits industry in accordance

with a process that reflects applicable legal and regulatory requirements (e.g., the Health Insurance Portability and Accountability Act of 1996).

Res. 3H-2008 amends language in the ADA policy on Standards for Dental Benefit Plans paragraph 11, by deleting the words “‘Attending Dentist’s Statement’ (claim form)” and adding the words “ADA Dental Claim Form” so that the amended paragraph reads as follows:

Procedures for claims processing should be efficient and reimbursement should be prompt. The third-party payer should use or accept the American Dental Association’s “ADA Dental Claim Form and the Code on Dental Procedures and Nomenclature” that the Council on Dental Benefit Programs has approved after appropriate consultation with representatives of nationally recognized dental benefit organizations and the ADA-recognized dental specialty organizations.

In **Res. 34H-2008**, the House of Delegates resolves that the ADA shall explore the development of a Dental Quality Alliance in the oral health care delivery system. A Dental Quality Alliance is an organized group of stakeholders involved in the dental care system that serves as a forum for discussing ways to improve the quality of dental care that is provided.

The resolution calls for the Board of Trustees, in consultation with the appropriate ADA agencies, to obtain additional and sufficient information to determine if participation should be pursued by the ADA and report to the 2009 House of Delegates.

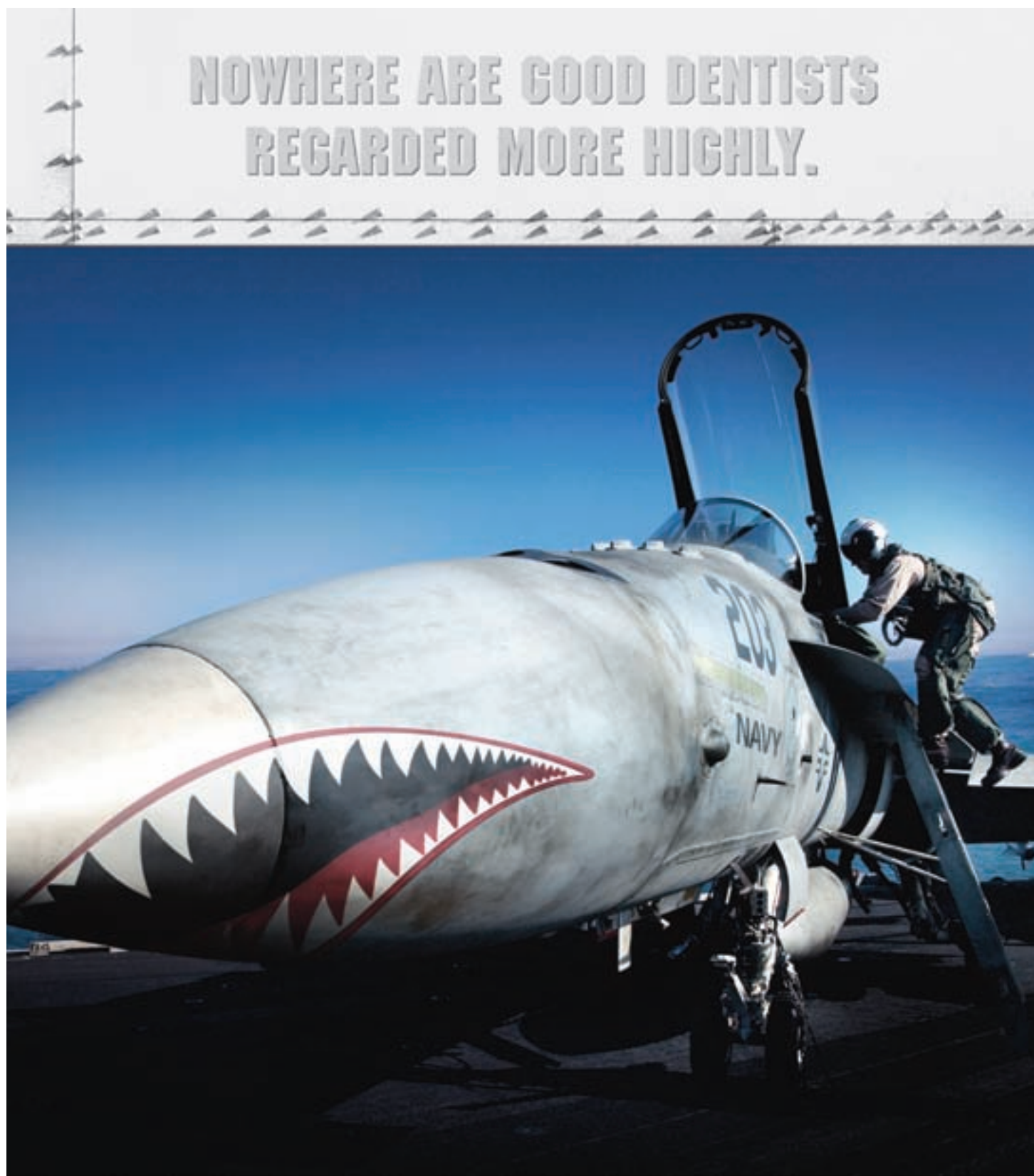
Res. 55H-2008 directs the ADA Survey Center to make appropriate efforts to incorporate “total salaries, wages, commissions and bonuses of shareholder dentists” as dental practice overhead expenses in reporting expenses as a percent of gross billings for incorporated practices in all Survey Center publications, as appropriate, according to established reporting standards.

The resolution also directs the ADA Survey Center to clearly identify in titles and text when “total salaries, wages, commissions and bonuses of shareholder dentists” are not included in dental practice overhead expenses for unincorporated practices in ADA Survey Center publications in instances where established reporting standards do not permit the inclusion of this category of expense in dental practice overhead.

The changes are called for implementation in ADA Survey Center publications released in 2009.

Res. 61H-2008 calls on the ADA to work with government agencies and dental carriers to enact coordination of benefit laws requiring that when a premium is paid and a claim submitted, that each benefit plan will pay the same amount they would allow if no other coverage was applicable up to 100 percent of the total claim. The House also directs the ADA to encourage states to enact similar laws and the ADA to use its staff and resources to assist states in this process.

Res. 80H-2008 directs all appropriate ADA Survey Center results to be published in the members-only section of the ADA Web site and that there be no cost associated with this information for ADA members. ■



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NAVY

New ADA survey report available

According to the Employee Termination and Embezzlement report from the ADA 2007 Survey of Current Issues in Dentistry, four of five dentists have terminated an employee and 17.5 percent of dentists have had their primary practice embezzled by an employee.

The cost of the report (item SCID2-2007), is \$30 for ADA members, \$45 for nonmember dentists and \$90 for commercial organizations, plus shipping and handling. It's also available as a downloadable file. This and other ADA Survey Center publications can be ordered online at “www.adacatalog.org”. Or, call 1-800-947-4746 to place an order. ■

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Photo by Bill Geiger

Fellowship: Rep. Mike Simpson (R-Idaho), a nonpracticing dentist and member of Congress, poses with 2007 ADA Hillenbrand Fellow Quinn Dufurrena in Washington last summer. Dr. Dufurrena is now the executive director of the Idaho State Dental Association. The ADA Foundation is accepting applications for the 2009 Hillenbrand Fellowship.

ADAF seeks Hillenbrand Fellowship applicants

The ADA Foundation is now accepting applications for the 2009 Hillenbrand

Fellowship that begins September 2009 in Chicago. Applications are due Feb. 28, 2009.

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Special Care Dentistry sets meeting for April

Baltimore—Dental professionals with a passion for treating patients with special needs will gather April 17-19 at the Hilton Baltimore for the 21st Annual Meeting on Special Care Dentistry.

Online registration is now open at "www.scdonline.org". Participants who register before Feb. 25, 2009, will receive early discount savings.

The conference will feature continuing education, hands-on workshops, networking opportunities and an exhibition with dental companies who provide the latest products for treating patients with special needs.

Distinguished speakers will also cover current topics of interest at the meeting, including:

• Dr. Cyril Meyerowitz, director, Eastman Dental Center and professor and chair of dentistry, University of Rochester Medical Center, who will present the keynote address, "Is Special

Care 'Special'?"

• Dr. Peter B. Lockhart, chairman, Department of Oral Medicine and director, Institute for Oral Medicine, Carolinas Medical Center, Charlotte, N.C., who will speak on "Antibiotic Prophylaxis in Dental Practice—A Re-evaluation";

• Dr. David Wong, professor and associate dean of research, University of California Los Angeles School of Dentistry and director, UCLA Dental Research Institute, who will discuss "Saliva—Detecting Oral Cancer and Systemic Disease."

SCDA will hold its 5th annual silent auction April 17 and 18 and a gala reception April 18 at the Dr. Samuel D. Harris National Museum of Dentistry.

Visit the Web site to download the advance program, to register and to view more information on discounted hotel reservations. ■

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Liaison role continues Council on Communications gets House OK for program



Dr. Carroll

BY KAREN FOX

San Antonio—

In 2006, the Council on Communications began pilot testing a liaison program to help promote and protect the image of the profession.

For the last two years, the council has had several of its members serve as liaisons to four ADA councils—the Council on

Access, Prevention and Interprofessional Relations; the Council on Dental Practice; the Council on Government Affairs; and the Council on Scientific Affairs.

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"The liaison's role was to advise the councils when issues arose that could impact the profession's public image in a positive or negative way," said Dr. Peter Carroll, chair of the Council on Communications.

"What we found is that it's valuable for the host councils to have a liaison whose role is to comment on proposed programs and activities in the context of the ADA's strategic communications plan," added Dr. Carroll, who during the pilot phase served as a liaison to CAPIR.

With the program due to sunset this year, the House of Delegates passed a resolution to keep it going. Resolution 30H-2008 encourages the ADA to maintain ongoing formal liaison relationships among the Council on Communications and CAPIR, CDP, CGA and CSA; and at the request of the Council on Membership, establish an ongoing formal liaison relationship with that council. ■

ADA members elected to FDI council at world dental congress

Drs. Kathryn Kell, Greg Chadwick to serve three-year terms

BY STACIE CROZIER

Stockholm, Sweden—Dr. Kathryn A. Kell, a general dentist in Davenport, Iowa, was elected the North American Regional Organization's representative to the FDI World Dental Federation council during its annual congress here in September.

Dr. Kell will serve a three-year term in the position, which is equivalent to a seat on the ADA Board of Trustees. Dr. Kell served the ADA as its 10th District trustee (2004-2008), a member of the ADA Foundation board of directors and member of the Council on ADA Sessions and International Relations (council chair in 1998-99).

She also served for nine years on the FDI education committee, as both a member and chair, and has been an FDI general assembly alternate or delegate for four years.

ADA member dentists, who are also automatically FDI members, have the opportunity to learn more about global oral health activities and issues, attend meetings worldwide and network with colleagues from around the globe, said Dr. Kell.

"Other nations are looking at a lot of the same issues we are," said Dr. Kell. "Issues like



Leaders: Dr. Greg Chadwick, Greenville, N.C., and Dr. Kathryn A. Kell, Davenport, Iowa, pause for a photo at the FDI World Dental Congress in Stockholm, Sweden, in September, after being elected to FDI leadership posts.

workforce, product safety, research, quality in dental education and improving world oral health are important everywhere. You can get a feel for what's going on with oral health global-

ly by visiting the FDI Web site or attending a meeting."

Dr. Greg Chadwick, of Greenville, N.C., associate dean for Planning and Extramural Affairs at East Carolina University School of Dentistry, was elected to a second three-year term as speaker of the FDI general assembly.

Dr. Chadwick served as an FDI delegate from 2000-2005 before becoming speaker.

"It is an interesting job especially when you consider that, as speaker, I am trying to maintain a level playing field while the delegates are discussing, debating and voting on issues in six or so languages," said Dr. Chadwick.

"As a U.S. dentist—at a time when we realize the world is shrinking and we are all affected by global issues—the FDI gives us a voice in the international arena," Dr. Chadwick added.

"All ADA members are FDI members and the FDI represents 134 countries and approximately a million dentists around the world. Through the FDI, we have a seat at the table on global oral health policy issues and a vehicle to play a role in promoting and improving oral health, even in areas of the world where we don't have much contact."

More than 15,000 participants from 124



General Assembly: Dr. Chadwick, at the podium, conducts his duties as FDI speaker at a session of the FDI World Dental Congress General Assembly.

nations, including 186 registrants from the U.S., attended the FDI congress Sept. 24-27 and were able to choose from more than 80 scientific sessions. Some 300 dental companies filled more than 7,500 square meters of exhibit space.

The FDI general assembly adopted three new policy statements and revised nine others. For a complete summary of the congress, log on to the FDI Web site: "www.fdiworlddental.org".

"Issues like workforce, product safety, research, quality in dental education and improving world oral health are important everywhere."

Next year's FDI World Dental Congress will be held Sept. 2-5, 2009, in the Southeast Asia island nation of Singapore.

For more information about the FDI and the annual world dental congress, contact the ADA Center for International Development and Affairs at "international@ada.org" or 1-312-440-2726. ■

—crozier@ada.org



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Continued from page 10
closely with the ADA and the ADA Foundation, plus many other dental associations and dental schools around the world. This enabled me to form a clear understanding of issues surrounding world oral health."

An honorary member of the ADA, Dr. Alexander has praise for the ADA leaders he's worked with throughout his career.

"I have always enjoyed working with the leadership of the ADA. I have found them to be exceptionally inspirational," he said. "And the ADA Foundation, too. The ADAF is a great shining example of what the people of dentistry can accomplish for oral health through philanthropic channels."

The ADA and its members, he added, "make significant contributions to the success of the

FDI and take a significant role in world leadership." (See story, this page.)

He and his wife Lynn, now settled in suburban Geneva since his Aug. 21 appointment to the FDI, have two grown children in New York City.

The FDI has more than 190 member associations in 134 countries around the world and represents more than one million dentists internationally.

"I encourage all ADA members to get to know more about what is going on worldwide in dentistry and oral health," said Dr. Alexander. "The FDI Web site ('www.fdiworlddental.org') offers a good starting place to get to know more about the FDI's vision, missions, programs and, most of all, opportunities for personal involvement."

For more information about the FDI, visit the Web site or contact the ADA Center for International Development and Affairs, 1-312-440-2726 or "international@ada.org". ■



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Red Flags

Continued from page one
about their coverage under the rule.” The FTC’s announcement of the enforcement delay came after more than two dozen national and specialty medical associations challenged what physicians considered the agency’s overly broad interpretation of the statute. The groups asked the FTC to clarify its position and delay enforcement of the rules until it does.

“We believe that characterizing dentists as creditors under the Red Flags Rules is contrary to the legislation on which the rule is based,” said Tamra Kempf, ADA chief legal counsel. “The rule should not have been extended to dentists without giving affected parties notice and an opportunity to comment. In addition, applying



Ms. Kempf: “We believe that characterizing dentists as creditors under the Red Flags Rules is contrary to the legislation on which the rule is based.”

the rule to dentists and physicians is against sound public policy and will inject substantial compliance costs into the health care system without a substantial reason for doing so.” ■

—furlonga@ada.org

Arizona Dental Association names new executive director

Scottsdale, Ariz.—Kevin Earle is the new executive director of the Arizona Dental Association.

“Kevin Earle’s experience in the regulatory and government relations field, combined with his educational background and long history of working and collaborating with professional and trade associations makes him an ideal fit to lead the Arizona Dental Association during its centennial year,” said Dr. Regina Cobb, AzDA board president.

Mr. Earle was the executive director of the Arizona Board of Dental Examiners where he worked with AzDA and other stakeholders to enact a legislative initiative designed to improve consumer

protection. In addition to leadership experience with several professional regulatory boards in the New Jersey State Division of Consumer Affairs, he holds an MBA from Rutgers University and a master’s in public health from the Mailman School for Public Health at Columbia University.

“I’m looking forward to working on oral health care issues in Arizona,” said Mr. Earle. “Our member dentists care about bringing oral health to all Arizonans. Together we will be working toward creative initiatives to promote oral disease prevention, improve access to quality dental care, in addition to addressing issues that affect the dental profession in this state.” ■

Excerpts from ADA comments to FTC

ADA initiatives: “Untimely government intervention” could adversely affect several Association initiatives, the ADA told the Federal Trade Commission in a national health policy communication. (See FTC antitrust story, page one.)

“For example, the ADA is currently discussing an outcomes measure that would entail adoption of an oral health classification system similar to the system currently used by the U.S. military, based on broadly defined categories of oral health that are represented numerically and recorded at each patient visit. The ADA is also currently discussing an offer from CMS (Centers for Medicare & Medicaid Services) to establish a Dental Quality Alliance.

“We consequently urge the Commission, in making recommendations in its workshop report, to give significant weight to these ongoing self-regulatory efforts before proposing additional, potentially conflicting, governmental efforts to displace them.”

Antitrust guidance: “Another step that the Commission could take to promote the efficient exchange of more and better health care quality information is to provide additional guidance on antitrust-compliant provider collaborations,” the ADA said. The Association cited “major progress” in this area with the FTC and U.S. Department of Justice 1996 statements of antitrust enforcement policy in health care. “Over a decade of experience, however, has demonstrated that additional, more precise, guidance is needed.” The full statement is posted on ADA.org. ■

FTC

Continued from page one
Congress, the Centers for Medicare & Medicaid Services and the U.S. Department of Health and Human Services,” Dr. Findley said.

The ADA offered four broad recommendations:

- Avoid one-size-fits-all policy proposals;
- Consider the widely-accepted benefits of self-regulation;

- Provide additional guidance on antitrust-compliant provider collaborations and

- Consider using the Commission’s consumer protection authority to examine the risks of insurer-driven provider rating efforts.

“The ADA thanks the Commission for conducting this serious inquiry into the competitive role of health care quality information,” said the ADA comments submitted for the continuing FTC inquiry (“www.ftc.gov/bc/workshops/hcbio/index.shtml”). “We look forward to working with FTC staff to address these important issues as the Commission’s inquiry moves forward.” ■

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--Dr. Roger W. Triftshauser, ADPAC Chairman

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<http://www.ada.org/prof/advocacy/adpac/>
or contact ADPAC Director Kathleen Ford, fordk@ada.org.

Annual session is fun for children at ADA Kids Camp

BY STACIE CROZIER

San Antonio—Offering safe, convenient, educational and fun care for kids whose parents are attending the ADA annual session, ADA Kids Camp received high praise from families who participated while they were in San Antonio this October.

Ten-year-old Alice Taylor Hick of Gold Canyon, Ariz., sacrificed rehearsals for her ballet school's upcoming performance of the Nutcracker to attend annual session, says mom Pamela Ryan-Hick, R.D.H.

"It was very difficult for Alice to get time off to attend the ADA convention because her ballet school doesn't allow students to miss rehearsals," said Ms. Ryan-Hick. "I place the importance of Alice attending the annual session above her Nutcracker performances. The experience she had at the ADA meeting and Kids Camp will last a lifetime.

"As a faithful convention attendee," added Ms. Ryan-Hick, "I will bring Alice to future ADA conventions because not only is she learning what dentists have to go through to update their licenses, she is learning a breadth of knowledge about the history of the cities where the conventions are held, and I can be assured my child is in a safe and loving environment."

"I liked visiting the Alamo," Alice said. "It was different than I thought it would be. I really liked the gift shop there. I bought souvenirs for me and my sister."

"Alice will always remember the hugs she received from her teachers when I picked her up to go back to our hotel," said Ms. Ryan-Hick. "She can't wait to attend the 2009 meeting in Hawaii. She is already asking me for scuba lessons. Good thing Alice is a competitive swimmer as well as a ballerina. She will have an easy time learning about scuba diving and catching those big Hawaiian waves."

Dr. Kay C. Moser of Amite, La., said she attends annual session "for the excellent courses and renewed enthusiasm I receive from the exciting meetings."

"My daughter Carolyn attended Kids Camp for three days," said Dr. Moser. "She absolutely loved it. She stayed from 8 a.m. until almost 6 p.m. I was able to go to all my courses knowing she was well taken care of. When I picked her up in the afternoon she was a 'happy' tired."

"My counselor was one of the nicest counselors I've met," said Carolyn. "I met a lot of new friends and I loved all the field trips and the other stuff, too. I really liked the children's museum. They have a place where you can go into a plane and pretend to fly it."

Although 9-year-old Carolyn said she likes to fly in airplanes, she's not an aspiring pilot. "I like to fly but I don't want to drive the plane! And I like being out of school to be here," she added as other campers joined in with resounding cheers and yeses. "But you still have to do Kids Camp notes for school."

Kerri Sebring, marketing director for Cadent in Carlstadt, N.J., said she and her sons Blake and Brian "had a wonderful experience with Kids Camp. I've told many of my industry colleagues about the program. I travel frequently and having the opportunity to bring the boys with me and know they were well cared for during the day was just incredible. Whether you are a single parent or a two-parent family, this program is a tremendous resource for families."

"I liked being able to go on a 'work' trip with my mom," said 9-year-old Blake. "I liked the magician, the field trips and the video games at



Hoops: Blake Sebring watches as Domenica Berrospe makes a basket at the Kids Camp facility at the Grand Hyatt San Antonio Oct. 17.

Photo by Lagniappe Studio



On tour: Kids Camper Alice Taylor Hick pauses for a photo during her field trip to the Alamo.

the camp. The magician made a rabbit appear from his box and we couldn't even figure out how he did that. We made some new friends and the camp counselors made it a lot of fun for us. We liked going to the camp during the day and then being with my mom at night and seeing the River Walk, swimming at the hotel pool and going to a San Antonio Spurs basketball game. We even went to see the ADA show. That was very cool. We want to go again next year."

Dr. Cecilia Berrospe of San Miguel de Allende, Mexico, attended annual session with her 10-year-old daughter Domenica.



Carolyn Moser

English is pretty good so she had no problems communicating. When we got back home she had a lot of experiences to share with her father and sister who couldn't come with us. When she went back to school she had a 'show and tell class' to talk about this with her classmates."

"I liked going to the children's museum," said Domenica. "There's a place where you can put yourself inside a big bubble and then you pop it to get back out."

"When I attend any meeting in my country," added Dr. Berrospe, "we don't have this facility where you can take your children and both will learn and have fun. The staff encourages the children to take pictures, play, share and learn."

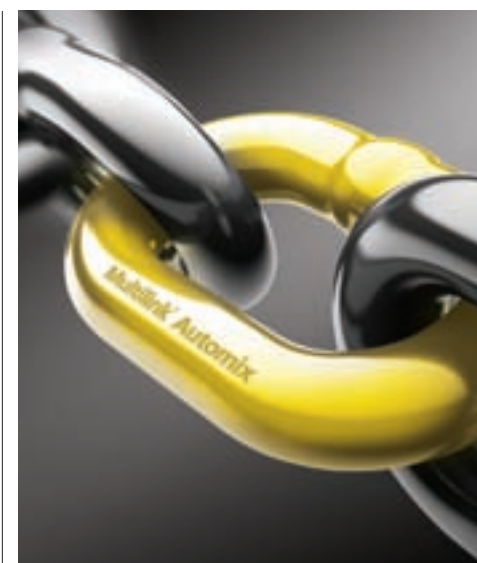
For 12 consecutive years, ACCENT on Children's Arrangements Inc. has managed ADA Kids Camp. ACCENT is a fully insured, professional child care company.

This October, more than 50 campers from 6 months to 12 years of age enjoyed a variety of supervised, age-appropriate activities at ADA Kids Camp at the Grand Hyatt San Antonio. On-site activities included a magic show, face painting, balloon sculpting, music, a visit from the ADA's Dee Dee dinosaur mascot and free play with equipment including inflatable basketball hoops.

Older kids were also able to take optional field trips each day. This year, campers were able to explore the historic Alamo, enjoy hands-on fun at the San Antonio Children's Museum, see the sights at Hemisfair Park and check out the animals at Natural Bridge Wildlife Ranch.

Information about the 2009 Kids Camp at the 150th ADA annual session in Honolulu will be available March 31 online at "www.ada.org/goto/session". ■

—crozier@ada.org



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New annual session contests planned

BY STACIE CROZIER

Honolulu—Dental professionals can play an active role in the ADA's sesquicentennial celebration by participating in two new clinical competitions that will debut at the 150th annual session, Sept. 30-Oct. 4, 2009.

Prevention will be a key theme during annual session as the ADA launches the Adult Preventive Care Office of the Year Competition, said Dr. Stephen Carstensen, 2009 program chair for the Council on ADA Sessions.

"Dentistry has an opportunity like no other health profession to prevent disease and the consequences of it in everyone we see," said Dr. Carstensen. "The ADA is offering a special opportunity for dental offices to demonstrate their prevention efforts. The Adult Preventive Office of the Year Competition will give dental teams nationwide a chance to show what they do every day to help their patients and their communities make dental health a positive part of life. The council is excited to be part of this worthy effort."

The competition, sponsored by 3M ESPE Preventive Care, will recognize and reward offices that are preventive dental care leaders who have:

- designed and implemented practical prevention techniques;
- provided preventive oral health care, outreach and patient education; or
- implemented a successful prevention program through a dental team communication and work plan.

Dr. Randy F. Huffines, director of geriatric dentistry at the Quillen Medical Center in Johnson City, Tenn., a member of the ADA's Elder Care Task Force and a frequent speaker at the ADA annual session and other major dental meetings, worked with council to develop the competition.

"I was reflecting on how I would practice dentistry differently if I could go back 25 years and know what I know now," said Dr. Huffines. "The perspective of primarily treating elderly patients for the last 20 years has allowed me to observe how people have, or have not, been able to preserve a healthy oral cavity throughout their lifespan. These lessons are even more important to the profession now as the lifespan of our patients continues to increase."

The professional table clinic competition, renamed the Education Exchange Competition, will also debut with a new high-tech format



American Dental Association
150th Annual Session
September 30-October 4, 2009

during annual session.

Participants can enter in one of three categories: U.S. dentists; federal services dentists (including military, Veterans Affairs and public health professionals); and



international dentists.

The retooled competition will give participants a chance to share clinical experience, educate fellow dental professionals and raise awareness about a procedure, theory, service or emerging trend in dental practice.

Both EEC contestants and meeting attendees who view their presentations will be able to earn continuing education credit.

Participants for both competitions must enter their presentations online in a PowerPoint template beginning in January 2009. Entries will be reviewed and judged by members of the Council

on ADA Sessions.

Contestants' presentations will also be showcased on-site at the Hawaii Convention Center during annual session and all participants will be honored at a professional research competition awards reception Oct. 3, 2009.

For more information, contact Rich Schuch, Ed.D., senior manager, Program Development for CAS, by calling toll-free, Ext. 2663 or e-mailing "schuchr@ada.org". Or log on to "www.ada.org/goto/session" beginning Jan. 21, 2009, when annual session registration and housing opens. ■

2008 multimedia package available

2008 annual session attendees can learn from continuing education courses they weren't able to attend on-site in San Antonio through the ADA multimedia package.

The ADA multimedia package contains more than 250 hours of education and is an



excellent source of critical information for dentists and the dental team. Users can experience

each included course as if they were in attendance by viewing digitally captured audio that is synchronized to original slides presented during the course.

Online access to the ADA multimedia package is \$299. The price for the package on CD-ROM plus online access is \$339, plus shipping and handling. Details about courses available in the package, along with sample courses in multimedia format can be viewed online at "www.ada.org/goto/session". Courses are not eligible for ADA/CERP CE credit. ■



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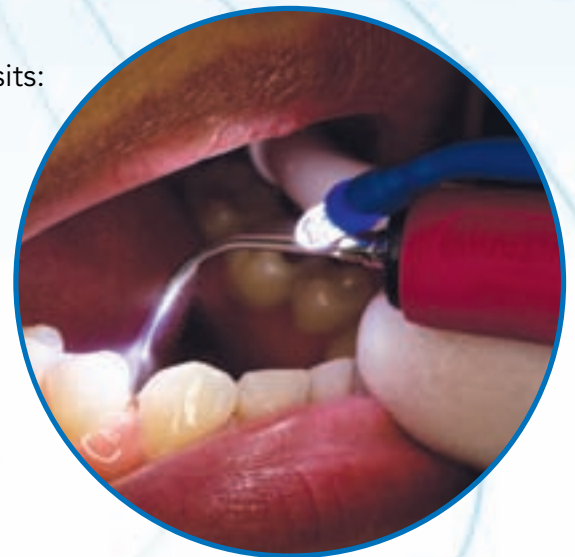
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