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American Dental Association, Publishing Division

Five new dental schools, page four ◆ Dentistry and the economy, page 18

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

MARCH 2, 2009 VOLUME 40 NO. 5

Dental agenda moves forward in new Congress

BY CRAIG PALMER

Washington—Asserting the importance of dentistry in the national health policy debate and offering ADA-backed legislation, bipartisan lawmakers are shaping a dental agenda in the 111th Congress.

In the early weeks of the new Congress, House and Senate members offered several bills supported by the American Dental Association:

• Rep. Bart Stupak (D-Mich.) with co-sponsor Rep. Candice Miller (R-Mich.) introduced the Dental Emergency Responder Act, H.R. 903, to allow dentists to respond to natural and man-made disasters;

■ **Stimulus package to boost dental research, page eight**

• Sen. Max Baucus (D-Mont.) introduced the ADA's Meth Mouth Prevention and Recovery Act, S. 450, with Sens. Kent Conrad (D-N.D.), Tim Johnson (D-S.D.), Charles Schumer D-N.Y.), Debbie Stabenow (D-Mich.) and Jon Tester (D-Mont.) as original co-sponsors.

• Rep. Steve Cohen (D-Tenn.) offered H.R. 870, a bill to allow Medicare Part B reimbursement for "medically necessary dental care." Original co-sponsors include Reps. Mary Bono Mack (R-Calif.), John Conyers, Jr. (D-Mich.), John Sullivan (R-Okla.) and Ed Whitfield (R-Ky.).

Association efforts include preparation of other legislation intended to increase access to dental care, especially for vulnerable children and adults with inadequate resources.

The ADA Council on Government Affairs, meeting Jan. 29-31 in the nation's capital, helped shape a new version of ADA-backed legislation offered in the last session of Congress, the Essential Oral Health Care Act, for re-introduction in the current session.

See CONGRESS, page nine

BRIEFS

Design time: Matsco, the only practice financing company endorsed by ADA Business Resources, is now accepting entries for the 2009 Dental Office Design Competition.

All newly built offices and offices with leasehold improvements or renovations completed between Jan. 1, 2006, and Dec. 31, 2008, are eligible. All practice types and sizes are welcome. Entries must be postmarked by July 31.

ADA Business Resources℠ *Connecting dentists with business solutions*

A grand prize "Dental Office Design of the Year" winner will be selected from both small practice and group practice categories. Grand prize winners will each be awarded a $2,500 bonus marketing fund, media exposure, an engraved plaque and receive additional recognition.

New this year, Matsco has introduced an "Outstanding Environmental Considerations" category, which recognizes practices that have demonstrated exceptional attention to taking steps to protect the environment. Up to two awards will be given in this category: one for a new practice and one for a remodeled practice.

Up to three "Outstanding Achievement" awards will be selected in the categories of Outstanding New Dentist

See BRIEFS, page six

Teeth whitening

Alabama judge rules commercial services fall within state dental practice scope

BY JENNIFER GARVIN

Montgomery, Ala.—A state court judge has ruled that commercial teeth whitening services "fall within the scope of the practice of dentistry" as defined in the Alabama Dental Practice Act, and has decreed that "in the best interest of health, safety and welfare of the public … a properly trained and licensed dentist will better serve the individual patient and the public at large in this regard."

■ **Teeth whitening issues in other states, page 10**

Public safety: Dr. Karen McCaffery, president, Alabama Board of Dental Examiners, says the decision was in "the best interest of the citizens of Alabama."

Since January 2008, the Alabama Board of Dental Examiners has been in dispute with White Smile USA Inc., and D'Markos, an Alabama limited liability company doing business as Randall's.

White Smile USA is a Georgia-based corporation that markets and supplies businesses with whitening products (gels, bite registration trays and lights) for sale to the general public in 15 states, including Alabama. Businesses contracting with White Smile USA can be found in malls or in stores and work by having the customers insert their own whitening trays.

See ALABAMA, page 12

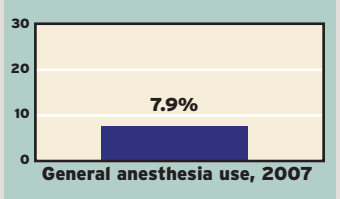
Photo by Tim Centers

GKAS reflection: Isaiah practices toothbrushing while seated on his mother Tanya's lap at Indiana University's Give Kids A Smile observance last month. Student Sean Morgan looks on as IU staff member Jennifer Shepherd holds the mirror. IU and the Indiana Dental Association joined forces for GKAS Feb. 6 in Indianapolis.

JUST THE FACTS

Anesthesia

Among 38.2% of dentists reporting that they use sedation on their patients, 7.9% used general anesthesia.



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EDITOR: Dr. Michael Glick
ASSOCIATE PUBLISHER: James H. Berry
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Dr. Robert Tanner Freeman remembered

In 1869, Dr. Robert Tanner Freeman earned his dental degree from the Harvard University School of Dental Medicine.

He was one of just 16 students admitted to Harvard's first dental school class. What's more, he was the first African American to receive a dental degree in the United States.

The son of former slaves, Dr. Freeman was born in Washington, D.C., in 1846. As a young man, he worked in the D.C. dental office of Dr. Henry Bliss Noble, who helped him gain admittance to Harvard.

Tragically, Dr. Freeman died just four years after receiving his dental degree. He was 27 years old.

SesquicentennialFACT

150 1859 2009 American Dental Association®

Other notable firsts:

• Dr. Ida Grey Nelson was the first African-American woman to receive a dental degree (University of Michigan Dental School, 1890);

• Dr. Rufus Beshears, a 1906 graduate of the University of Iowa College of Dentistry, is believed to be the first African-American member of the ADA. ■

Dr. Freeman

Reversing a trend?

Five new dental schools under consideration

BY KAREN FOX

A combination of forces has led to serious discussions about creating five new dental schools in the United States, an unprecedented number of new institutions for a profession that saw seven dental schools close from 1986-2001.

Included among those factors are a maldistribution of dentists that has led to a lack of access to care in many regions, projected workforce shortages with more practicing dentists reaching retirement age, a limited capacity for enrollment at current dental schools, and a robust applicant pool that indicates the dental profession continues to hold great appeal for young people.

New dental schools are in the early planning stages at Midwestern University in Downers Grove, Ill.; Texas Tech University Health Sciences Center in El Paso, Texas; the University of Arkansas in Little Rock, Ark.; the University of New England in Portland, Maine; and the University of Southern Nevada in South Jordan, Utah.

Though they have yet to open, two dental schools are already in the works for East Carolina University in Greenville, N.C., and Western University of Health Sciences in Pomona, Calif. The Commission on Dental Accreditation granted initial accreditation to the Western University of Health Sciences at its January meeting. (See story, page five.) Four dental schools have been accredited and opened since 1997.

All the new programs under development say that providing access needs for underserved patients is their No. 1 objective, said Dr. Richard W. Valachovic, executive director of the American Dental Education Association.

"The motivating factor in most cases is a desire for these institutions to respond to access problems by adding new dental schools," said Dr. Valachovic.

While additional schools could provide access for underserved areas and the opportunity for more students to pursue careers in dentistry, others question whether having more dentists will have a long-term affect on access to care.

"There is an idea that because there will be more dentists, they will go to where the care is needed," said Dr. Denis E. Simon III, chair of the ADA Council on Dental Education and Licensure. "Dentists are still independent practitioners who have to go out and make a living. Even in my own state of Louisiana, new graduates tend to stay and practice in Baton Rouge, New Orleans or other more metropolitan areas rather than go to some of the areas of the state where there are fewer dentists."

Whether the economic downturn will have an impact on new programs remains to be seen. ECU, Texas Tech and the University of Arkansas are public universities, while WesternU, Midwestern, the University of New England and the University of Southern Nevada are private institutions, said Dr. Valachovic.

"Although the current economic crisis is affecting the fortunes of both private and public institutions, I do not believe that it will significantly impact the development of any of the new dental schools that are under consideration," he said.

Some universities can point to the rising applicant pool to show that dentistry is a good business decision.

"Dentistry as a profession currently has great appeal," said Dr. William K. Lobb, vice chair of CDEL and dean of the Marquette University School of Dentistry. "With a robust applicant pool willing to invest in dental education, I am sure these institutions see a good return on their investment. I believe some of these decisions are being made for business reasons."

Dental school enrollment has grown slowly since the mid-1990s while the applicant pool has increased to a point where there are now nearly three applicants for every available position, said Anne Wells, Ed.D., associate executive director of ADEA and director of Educational Pathways.

According to ADEA's 2007 Entering Class Applicant Analysis (the most recent for which statistics are available) and the ADA Survey Center's 2007-08 Survey of Dental Education—Academic Programs, Enrollment, and Graduates (Volume I), about 13,742 students applied to U.S. dental schools in 2007, while just 4,770 students were enrolled for their first year.

The country had its highest enrollment in 1978 with 6,301 first-year dental students—up from 3,573 in 1960. "After that, enrollment declined very substantially," said Dr. Wells.

"There was a perception there were too many dentists," she said. "Whether real or not, many dental schools closed and some retracted their enrollment. Dental school enrollments dropped dramatically, as did applicants. Since then we've seen a growing number of applicants and enrollees, though with enrollees it's a slower growth. We are still enrolling significantly fewer students in dental school."

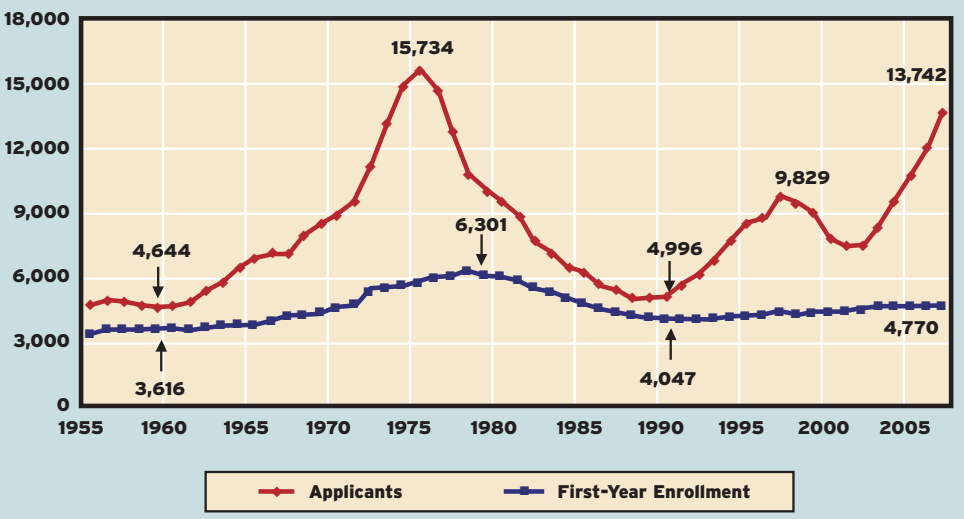
Adding more slots in current dental schools isn't necessarily a solution, said Dr. Wells. "Dental schools are limited in their capacity to raise enrollment by the physical size of the school, faculty shortages and limited resources," she said. "If they raise enrollment, they usually can do so only incrementally. It's not the same type of impact of an entirely new school."

The following is an update on new dental schools that are being developed:

Midwestern University

Midwestern University opened its first dental school on its Glendale, Ariz., campus. The first class of 110 students began predoctoral studies there in the fall of 2008. Plans are now in the works for a school on Midwestern's Downers Grove, Ill., campus, located in Chicago's western suburbs.

U.S. Dental School Applicant and First-Year Enrollment Trends 1955-2007



Source: American Dental Education Association, Entering Class Applicant Analysis, 2007
American Dental Association, ADA Survey Center's 2007-08 Survey of Dental Education—Academic Programs, Enrollment, and Graduates (Volume I)

Midwestern conducted a needs-assessment study which indicated that while the number of dentists in the state has remained relatively constant, many are nearing retirement age. The assessment showed a need for patients in underserved and rural communities in Illinois and the surrounding states.

According to the Illinois State Dental Society, about 678 students applied for 50 seats at the Southern Illinois University College of Dental Medicine last year; 1,600 applied for 64 seats at the University of Illinois at Chicago College of Dentistry.

"Since we had already gone through the process of starting a dental school in Arizona, we felt that we had the expertise to start one here," said Dennis Paulson, Ph.D., vice president for dental and medical education at Midwestern University.

Construction on a facility is set to begin this spring. Once the new dean is on board—Dr. Paulson plans to announce the dean in the next two weeks—Midwestern will begin preparing for the accreditation process.

"If everything goes smoothly, we hope to matriculate the first class in the fall of 2011," said Dr. Paulson.

Texas Tech University Health Sciences Center

With a new medical school set to open this fall, the Paul L. Foster School of Medicine, Texas Tech University Health Sciences Center in El Paso, Texas, is conducting a feasibility study to determine the need for a dental school in the border region of western Texas.

"The concept is in its infancy stage right now," said Mary Croyle, director of communications for Texas Tech University Health Sciences Center.

Dentistry is one of several health programs being discussed for the campus—the others are pharmacy and nursing. There are three dental schools in Texas (in Dallas, San Antonio and Houston). Statewide, there is one dentist for every 2,748 people but one dentist for every 5,479 residents on the border, according to a 2001 report by the Texas Higher Education Coordinating Board.

University of Arkansas

Dr. Lynn Douglas Mouden, director of the office of oral health, Arkansas Department of Health, was one of several dentists asked by the state legislature in 2008 to develop an interim report in response to a growing concern over a future shortage of dentists in the state. Presented to the legislature in October 2008, the report requests $1 million to create the Center for Dental Education at the University of Arkansas for Medical Sciences in Little Rock, Ark.

"For now, we see the Center for Dental Education as a short step to getting a dental school in Arkansas," said Dr. Mouden. The center will initially provide a location for continuing education programs and in the long-term work toward creating residencies in pediatric dentistry and oral surgery.

Perhaps most importantly, "The center will be charged with conducting a study to determine whether it's feasible to have a dental school in Arkansas," he said.

Through agreements with eight dental schools, Arkansas currently provides for 30 students to attend dental school out of state and return to practice in Arkansas. However, the number of new dentists is not keeping pace with those retiring. Four counties in the state have no dentist; 32 have five dentists or fewer. Arkansas ranks 50th in the country for dental access.

"We're looking at doing something about this now before it reaches crisis proportions," said Dr. Mouden.

University of New England

The University of New England in Portland, Maine, is a private university with graduate health professions programs in medicine, physical therapy, nursing, physician assistant, occupational therapy, dental hygiene, pharmacy and social work.

"We're looking into starting a dental school here," said Ellen G. Beaulieu, Ed.D., associate provost and professor. "It's not definite, but we are interested in the potential to address access to care issues in the northern New England region, and dentistry is certainly a good fit for the university as far as the types of education we offer."

The entire state of Maine is designated as a dental health professions shortage area, said Dr. Beaulieu. "The number of dentists projected to

See SCHOOLS, page five

Growing retirements under scrutiny

The ADA Survey Center's 2006 Survey of Dental Practice shows that for dentists in private practice who are owners of the practice, 39.2 percent were age 55 or older.

The Survey Center's 2006 Distribution of Dentists indicates that 33.9 percent of all professionally active dentists are 55 or older.

In the 2003 Survey of Dental Practice, owner dentists in private practice said they intended to retire at an average age of 63.9. In 2007, a survey of practicing dentists age 55-65 revealed their average intended retirement age to be 66.3. ■

ECU, WesternU move forward with plans for dental schools

BY KAREN FOX

For the past several years, new dental schools have been in the works at East Carolina University in Greenville, N.C., and Western University of Health Sciences in Pomona, Calif.

Searches for several key faculty positions are well under way at the East Carolina University School of Dentistry, said Dr. James R. Hupp, dean, including associate deans of academic, clinical and student affairs, and assistant dean for dental education and informatics.

"Funding for our building and equipment has been fast tracked because it is considered a shovel-ready project," said Dr. Hupp.

The school plans to identify its first two community service learning centers soon, and will then begin construction and hire full-time faculty members for the sites.

"We are working with University of North Carolina at Chapel Hill School of Dentistry Dean John Williams to identify ways the two schools can work collaboratively to accomplish our missions and improve access to dental care throughout North Carolina," said Dr. Hupp. "And we are also working with the North Carolina Dental Society leadership on access to care solutions."

Later this year, ECU will launch a self-study in preparation for the accreditation process.

At its January meeting, the Commission on Dental Accreditation granted initial accreditation to the Western University of Health Sciences College of Dental Medicine in Pomona, Calif. Dr. James Koelbl, dean of the College of Dental Medicine and current chair of CODA, recused himself from the discussion of Western University of Health Sciences at that meeting.

Dr. Hupp

Dr. Koelbl

"At this time, we are very busy planning two new facilities on campus," said Dr. Koelbl. "The first is an educational and research building, the Health Education Center; the second is a new patient care facility. Both facilities will be shared by students in medicine, dentistry, optometry and podiatry, and will be designed to facilitate interprofessional education and patient care.

"Our plan is to accept the inaugural class of approximately 64 entering students in the fall of 2009," he said.

In January, WesternU celebrated two milestones: the completion of the installation of steel on the Health Education Center, and a $5.1 million gift to support university programs. The donation from benefactors Drs. Daljit and Elaine Sarkaria will provide $1 million for the new dental school.

"The Drs. Daljit and Elaine Sarkaria Professorship in Dental Medicine will allow us to attract and support an additional high-quality faculty member to further our goal of providing competent, caring health care professionals for the future," said Dr. Koelbl. ■

Schools

Continued from page four

leave the profession for retirement or cut back hours in the coming years also factored into the need for a dental school," she said. "We're conducting a feasibility study to determine whether there is a need and if we can raise the funds to start a program here."

Getting students to stay and practice in northern New England would be a goal, said Dr. Beaulieu.

"We have some evidence with our other programs that about two-thirds of our students do stay in the region," said Dr. Beaulieu. "We know we are a net importer of health professionals, and we hope to use our experience and skills with clinical placement to encourage students to see this as a viable option."

University of Southern Nevada

The University of Southern Nevada College of Dental Medicine has campuses in Henderson, Nev., and South Jordan, Utah, a suburb of Salt Lake City.

"We are in the planning stages for additional predoctoral and postdoctoral dental education programs at the University of Southern Nevada," said Dr. C. Lynn Hurst, dean of the College of Dental Medicine.

In January, the Commission on Dental Accreditation granted initial accreditation to USN's advanced education in orthodontics and dentofacial orthopedics residency program on the Henderson campus. The program combines specialty training with a master's of business administration degree. Dr. Hurst said plans are also under way for a predoctoral dental education program on the Utah campus.

"We are looking forward to the possibility of a predoctoral program at South Jordan in 2010," said Dr. Hurst.

University leadership is now considering the results of the feasibility study conducted for the new dental school. If approved, the plan goes before the USN board of trustees. "Our 2010 budget provides for year zero of the predoctoral program, so we'll be able to put our administrative team in place and prepare for accreditation," said Dr. Hurst. ■

—foxk@ada.org

Government

Virginia town council affirms community water fluoridation

BY STACIE CROZIER

Timberville, Va.—Fluoridated water will continue to flow in this small Virginia town following a town council vote Feb. 12.

The town council debated the issue for months, and experts on both sides of the issue weighed in at council meetings and a public forum.

In late 2008, the town council voted to hold a public referendum on the issue. However, a state rule requires legislative approval for local ballot initiatives. A bill to approve a voter referendum did not pass in the commonwealth's general assembly, leaving the matter in the hands of the town council.

The council's subsequent vote resulted in a 3-3 tie. Mayor Don Delaughter cast the tie-breaking vote for fluoridation.

Dr. Alan Robbins, Timberville's only dentist, presented the case for fluoridation to the council. "I had quite a bit of support," said Dr. Robbins, "including the local physician, the Virginia Dental Association, the Shenandoah Valley Dental Society and dentists from Harrisonburg [about 20 miles away]."

Dr. Robbins also received technical assistance from the ADA during the past year.

"I've gotten an education," he added. "It's really been interesting. In talking with colleagues it is apparent that we as dentists tend to take community water fluoridation for granted. We just don't think about not having it. Those citizens who don't want it come armed with data and as dentists we need to know our stuff. I spent a lot of time doing research and my advice is just be informed. It's important for dentists to become familiar with the arguments that the other side is using so they will be prepared to counter them."

"The Virginia Dental Association was pleased to see a measure that could have led to the removal of fluoride from the drinking water in the town of Timberville fail," said Dr. Ralph L. Howell Jr., VDA president. "Fluoride addition to the public water supply has been one of the greatest public health initiatives of the last 50 years. We already face an access to care problem in Virginia and the increase in dental disease created by removing fluoride would have caused the problem to escalate. We are grateful to have educated legislators that listen to fact and science when making decisions that affect the health of the citizens of the Commonwealth."

The issue of holding a voter referendum on fluoridation may end up in court, added Dr. Robbins. According to an article in the Daily News-Record, a Timberville resident filed a petition for a "writ of mandamus" with Rockingham County Circuit Court on Feb. 12 hoping to get a court order to put the issue to vote by referendum this fall. ■

BRIEFS

Continued from page one

Practice, Outstanding Specialty Practice and Outstanding Design Efficiency. All winners in these categories will receive awards and media coverage.

Entries are judged by a panel of dental industry and design experts and winners will be announced Oct. 1 during the ADA annual session in Honolulu.

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Dental research to benefit from federal stimulus package

Government

BY CRAIG PALMER

Bethesda, Md.—"Stay tuned" for a $100 million infusion of economic stimulus funds, Dr. Lawrence Tabak told the dental research community.

Dr. Tabak heads the National Institute of Dental and Craniofacial Research, one of the smaller-budget National Institutes of Health with an annual appropriation of less than $400 million but source of a lion's share of the nation's dental research dollars. He was informing dental researchers and dental school representatives about an infusion of an additional $100 million from the American Recovery and Reinvestment Act.

"It would be stunning if you and your colleagues don't find appropriate opportunities," he told his Feb. 19 teleconference audience. "There will be many opportunities for the research community. And don't think everyone's going to apply and [you] don't have a chance. If you don't apply, you're not going to get the grant.

"Rest assured our uppermost goal is to make sure these resources are spent wisely," said Dr. Tabak. "We cannot presume, presuppose or expect that this is an increase in NIH base level funding. We are planning how best to use these funds quickly and wisely. We will use the money to support grants, jobs and ongoing discovery to benefit human health in each of your respective local communities, your universities. There's a multiplier effect of spending in your community."

Dr. Tabak: "Our uppermost goal is to make sure these resources are spent wisely."

The stimulus law, enacted Feb. 17, is intended to pump up the economy, and some $10.4 billion will go to the NIH. Dr. Tabak, NIDCR director, is also acting principal deputy director of the National Institutes of Health. The NIH has to spend the stimulus money within two years and is under pressure to award research grantees sooner rather than later.

"The infusion fund gives the oral health community the opportunity to further evaluate the scientific bases and provide answers to clinically relevant questions on an array of complex oral and general health issues," said Dr. Daniel M. Meyer, ADA senior vice president for science and professional affairs.

"It gives the research community the impetus, tools and resources to set into motion NIDCR's new strategic plan in a significant way," said Dr. Meyer. "The stimulus package gives far more leverage to the immediate clinical research needs facing the practicing community as highlighted in the ADA research agenda as well as those from other health care organizations. This is a highly positive step towards advancing the quality of care through sound, unbiased research for the benefit of the patients we serve." (The NIDCR is in the process of updating the strategic plan posted on the NIDCR Web site: "www.nidcr.nih.gov".)

A primary objective of the stimulus package is job creation and retention. Dr. Christopher H. Fox, executive director of the International & American Associations for Dental Research, expects a "win-win" payoff in that regard.

"The act is all about jobs, jobs, jobs, and the investment in medical research is no different," he told the ADA News. "Yes, the act definitely will create and retain jobs from lab assistants to research fellows, to statisticians, to junior investigators, to senior scientists. Congress and the president have recognized that an investment in medical research not only creates jobs and economic activity but also has the downstream benefit of improving the health of the American people."

The education community is also ready to embrace the stimulus. "The American Dental Education Association is urging all academic dental institutions to encourage their top scientists and grant writers to respond immediately to the many new funding opportunities presented in the ARRA," said Dr. Richard W. Valachovic, ADEA executive director.

"This new funding will greatly impact the ability of academic dental institutions to strengthen their research capacity and fulfill the ARRA's primary objectives. A robust response from the academic dental community is critical to the future of the dental research enterprise and will demonstrate to Congress and the NIH that it can compete for funds and that it is a leader in the field of science."

In addition to roughly $100 million for the NIDCR, there are competitive opportunities for the dental research community from other NIH entities for equipment funding and new "challenge grants," the latter on the table for certain science or public health research showing potential for significant advance in two years.

The NIDCR will look at fiscal year 2008 grant applications "for which we did not have sufficient funds to support and where it is reasonable to assume progress in two years," Dr. Tabak said. Supplementation of currently funded research and applications from new investigators are also in the mix, details to follow as the NIH, the Department of Health and Human Services and the White House work them out.

"We are cognizant of time sensitivity," Dr. Tabak said. "We need to do these things in a measured, deliberative way." ■

Congress

Continued from page one

The draft legislation proposes increased federal matching funds for states choosing to fix their dental Medicaid programs and grants to support volunteer projects.

Dr. John S. Findley, ADA president, in a communication with Association members cited the "flurry of activity in Washington over the past month." In related public statements, he noted the public and professional importance of these measures and thanked members of Congress for sponsoring them.

"Dentists receive a sound general medical background during their professional education," Dr. Findley said in Rep. Stupak's press release announcing the dental responder bill. "With proper preparatory training in disaster response, their knowledge and experience can make them valuable assets in the community response to man-made and natural disasters. Our nation's capacity to respond to emergencies depends a great deal on mobilizing health professionals at a moment's notice to triage and treat victims. This means utilizing all qualified health care personnel."

Rep. Stupak added, "The dental community is equipped to help in times of crisis but our public health laws largely prevent them from pitching in. Our bill would change that."

Senate Finance Committee Chair Max Baucus introduced ADA-supported meth mouth legislation. Dr. Findley said the Senate bill would enhance public and professional understanding of a condition associated with methamphetamine abuse and characterized by blackened, stained, rotting and crumbling teeth. "We applaud these senators for helping us to better understand causes of this health condition."

During recent Senate debate on reauthorization of the State Children's Health Insurance Program, lawmakers from both parties spoke about the importance of dentistry, many in favor of expanding or ensuring dental coverage for underserved children. An ADA summary of the SCHIP legislation, enacted Feb. 4 as Public Law 111-3, is posted online at "www.ada.org/prof/advocacy/index.asp#SCHIP".

The American Recovery and Reinvestment Act, signed into law Feb. 17, will provide additional funding for dental research and training activities. Although dental specific funding levels were not immediately available, the Association will offer a summary of the stimulus legislation provisions relevant to dentistry. ■

—palmerc@ada.org

Discovery Channel planning look at methamphetamine

Responding to a Discovery Channel request, the American Dental Association shared video clips for a methamphetamine addiction story scheduled to air March 30.

"We are looking for images of meth mouth to include in our program," the program's producer said. Tentatively titled Meth Nation, the program will include information on "what meth does to the body." Meth mouth is characterized by rampant tooth decay. ■

HHS-funded Web site compiles health care workforce information

BY CRAIG PALMER

Washington—A government-funded repository of dental and other health care workforce information debuted Feb. 5 to help policymakers "develop strategies to meet future workforce demands."

Launched at "www.healthworkforceinfo.org", the Health Workforce Information Center offers free online access to information gathered from publicly available sources, including the American Dental Association, and features some 50 topics.

The center is funded by the U.S. Department of Health and Human Services Health Resources and Services Administration and operated by the University of North Dakota School of Medicine and Health Sciences. The center Web site promises "easy access to the health workforce information you need" and invites user feedback. ■

Whitening issue heats up in other states; ADA urges constituents to act

Government

In addition to the activity in Alabama (story, page one) several ADA constituent dental societies are working on legislation concerning tooth whitening.

Legislation has been introduced this year in Hawaii, Illinois and Missouri and other states are also addressing the issue.

In 2008, the ADA House of Delegates adopted Resolution 73H-2008 dealing with whitening and bleaching treatments and how they may fall within the scope of dental practice. The resolution 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 non-dentist engaging in such activity is committing the unlicensed practice of dentistry."

Res. 73H-2008 also provides that the Association supports educating the public on the importance of consulting a licensed dentist before undergoing whitening/bleaching services and directs that the Association petition the Food and Drug Administration to properly classify tooth whitening and bleaching agents.

The Hawaii legislation as proposed would amend the definition of dentistry to include "tooth whitening services" and the Illinois legislation would include within the practice of dentistry one "who takes the impressions of human teeth or performs any phase of any operation incident to teeth whitening, including, but not limited to, the sale, instruction, and application on site of teeth whitening materials or procedures."

The Missouri legislation provides in part that "any individual who takes the dental impression of another or who performs any phase of any operation incident to teeth whitening, including but not limited to the instruction or application of on-site teeth-whitening materials or procedures, except with the direct supervision of a licensed dentist, shall be deemed to be engaging in the practice of dentistry."

Other related state information includes:

• The District of Columbia's District Government has promulgated rules reserving bleaching to dentists or allied dental personnel with the direct supervision of a dentist.

• The Nevada Dental Practice Act provides that a person is practicing dentistry if the person dispenses certain tooth whitening agents or undertakes to whiten or bleach teeth other than with over-the-counter products. However, a person may engage in such activities without being licensed as a dentist if the person is acting in a manner authorized by the regulations of the board.

• The Tennessee Board of Dentistry has approved policy clarifying its existing tooth whitening rule which reserves tooth whitening to licensed dentists and specified allied personnel with direct supervision. There is also newly adopted policy from the Massachusetts Board of Registration in Dentistry that reads that tooth whitening services "are considered to be the practice of dentistry, and, therefore, must be provided by a dentist who is fully licensed to in the Commonwealth and performed by dental personnel with a licensed dentist's supervision."

• The Ohio State Dental Board adopted policy providing in part that "simply providing a consumer with the materials to make a tray and demonstrating to them how to apply materials to their teeth for bleaching purposes is not the practice of dentistry, unless and until someone other than the consumer places their hands in the consumer's mouth, and/or positions the activation light or similar device on behalf of the consumer."

Other states with policy or pending policy are Oklahoma, Louisiana, North Carolina and Georgia.

For more information about this issue, contact the ADA Department of State Government Affairs by e-mail at "govtpol@ada.org" or by calling the ADA toll-free at Ext. 2525. Legal questions may be directed to the ADA Division of Legal Affairs at "wilsw@ada.org" or Ext. 2542. ■

Dentists who see whitening harm urged to report it

The ADA divisions of Government and Public Affairs and Science recommend that dentists do the following if your office treats a patient harmed through whitening by retail staff:

• Submit the information to the U.S. Food and Drug Administration through MedWatch at "www.fda.gov/medwatch";

• Encourage the patient to file a complaint with the state dental board;

• Contact the ADA Division of Science to report the diagnosed harm. Doing so enables the ADA to gauge the extent of reported harm and thus communicate reliable data and information back to the state dental societies. Call the ADA toll-free number, Ext. 2878, or e-mail "science@ada.org". ■

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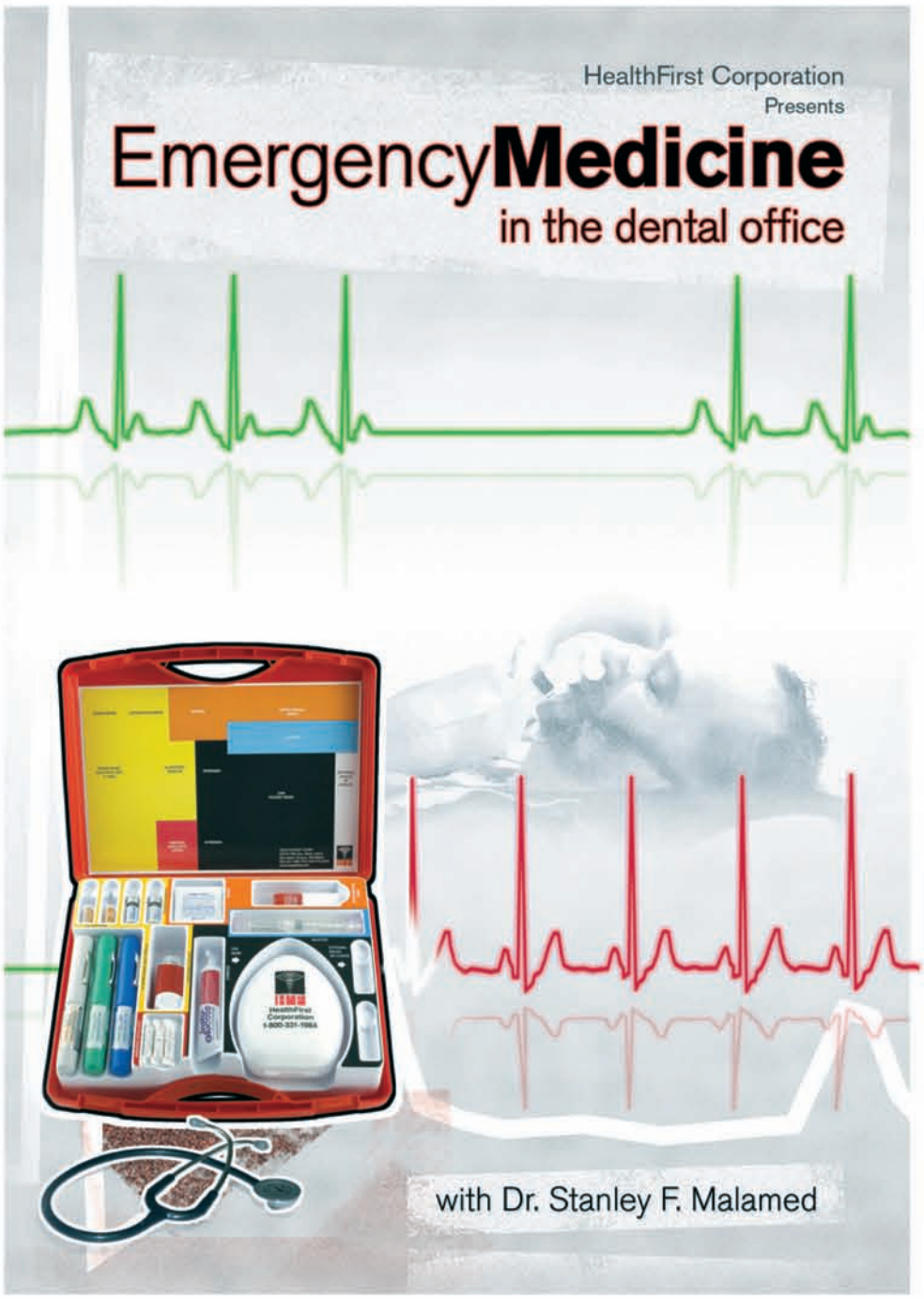

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CDC updates Guideline for Disinfection and Sterilization in Healthcare Facilities

Atlanta—The Centers for Disease Control and Prevention has updated its Guideline for Disinfection and Sterilization in Healthcare Facilities.

The document was released in December 2008, and now contains references to the "superbug" Methicillin-resistant Staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE), two bacteria that are resistant to certain antibiotics.

Also new is information pertaining to cleaning dental instruments that should make equipment disinfection easier to understand for dentists.

The CDC has divided noncritical surfaces in dental offices into clinical contact and housekeeping surfaces.

There is also a section devoted to bloodborne pathogens and the need for high-level disinfection and information about other sterilization methods and practices.

To download a copy of the updated guideline, go online to "www.cdc.gov/ncidod/dhqp/guidelines.html". ■

Alabama

Continued from page one

According to its Feb. 10 order, the court found it significant that White Smile adopted and published for its business partners, including D'Markos, "application instructions for their cosmetic teeth whitening system that include a process of some 27 different steps," many of which call for active participation by the technicians identified in White Smile's own literature as "cosmetic teeth whitening specialists."

These details, along with White Smile's own literature, prompted Judge Tracy S. McCooey to say that these types of services "constitute the performance of a dental operation and not merely the sale of a product."

"Judge McCooey's decision was made in the best interest of the citizens of Alabama. Injuries, infections and/or pain could result from exposure to procedures that may be inappropriate for an individual's unique set of dental and physical needs," said Dr. Karen McCaffery, president, Alabama Board of Dental Examiners. "The persons performing the bleaching procedures are inadequately trained in infection control and are not regulated by any health agencies. These are the reasons that bleaching procedures must involve your dentist."

White Smile's literature also said that technicians were "trained to consult with you on an individual basis to identify any potential issues you may have." That led the Montgomery Court to rule that safety was the most important issue at stake.

"It's the Court's opinion that White Smile's attempts to emphasize safety accentuates what is clearly an important aspect of this case: the health, safety and welfare of the citizenry of [Alabama]" and teeth whitening risks "cross contamination and the spread of disease and/or infection," the court's ruling said.

Judge McCooey heard oral arguments Feb. 2 in the Circuit Court for Montgomery County, Ala. Ironically for White Smile and D'Markos, the hearing came before the court in a lawsuit they had filed for a declaratory judgment determining that their teeth whitening process does not constitute the practice of dentistry and is not subject to regulation by the state dental board.

In January 2008, the two businesses had filed a complaint against the Alabama Board of Dental Examiners in state court which cited a December 2007 civil complaint filed against another business offering cosmetic whitening services in a Birmingham mall.

The dental board's actions, White Smile alleged, will impair its ability to operate a business. White Smile indicated that it enters into contractual relationships with its clients by selling them products to use in their teeth-whitening businesses. White Smile further alleged these services fall within the Food and Drug Administration's definition for cosmetic (articles to be "rubbed, poured, sprinkled or sprayed on, introduced into, or otherwise applied to the human body"), that its whitening agent falls within the realm of those sold in drugstores and its business should not be called the practice of dentistry.

Mr. McMahan

"We're going to appeal in Alabama," said Jim Valentine, co-owner and founder of White Smile USA. "In the other states it's business as usual."

Mr. Valentine added that in 2008 the company served some 80,000 customers and said that no long-term side effects were reported nor did anyone call the company's 800-line to complain they had been "tricked" into thinking that whitening was dentistry.

"This is a serious accusation," he said. "They're grouping us with people who pull teeth in back rooms.

"This isn't dentistry," Mr. Valentine continued. "We don't touch customers and we never give advice."

The Alabama Dental Association was satisfied that the court saw it the other way. "We are pleased that the court has made a definitive judgment that they can use," said Wayne McMahan, ALDA executive director.

The Alabama board previously had received complaints from consumers who were harmed by the services and who suffered burns or damage as a result.

Following the judge's ruling, White Smile made an oral motion for a stay pending appeal but it was denied. According to James Ward, board attorney, White Smile can appeal or file for reconsideration or it can file with the Alabama appellate court. ■

—garvinj@ada.org

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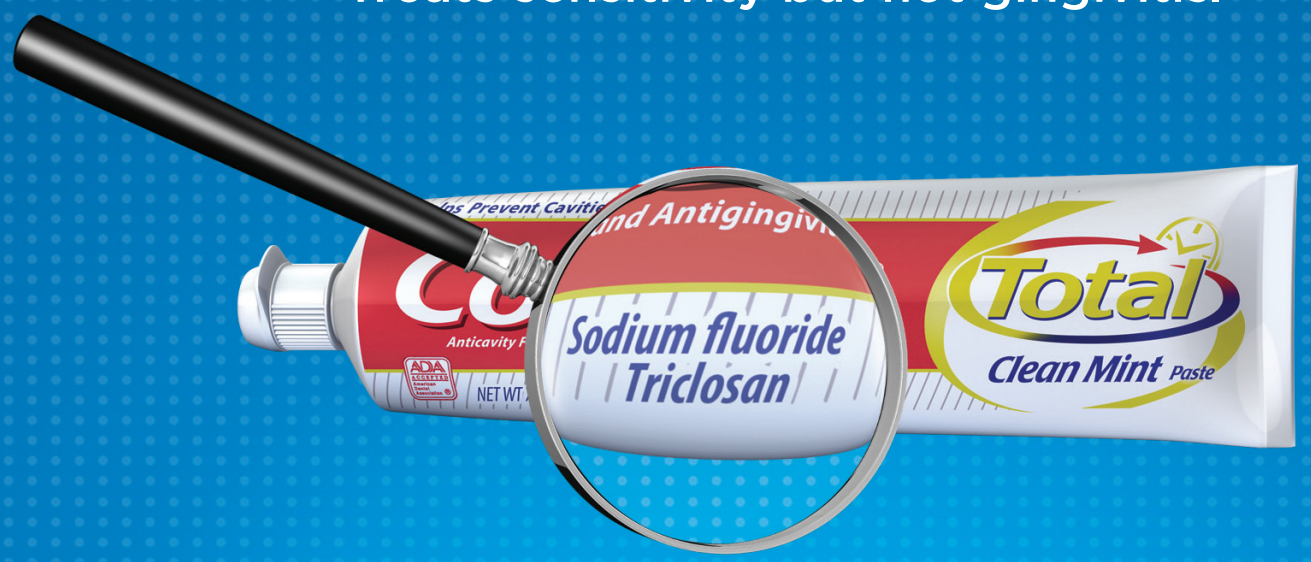

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ADA launches EBD Web site

BY JENNIFER GARVIN

The ADA will launch a new Evidence-Based Dentistry Web site March 10 that is designed to help dentists keep up with the best and most current scientific information.

The new feature is open to both oral health professionals and patients worldwide and can be found at "ebd.ada.org".

The site strives to provide dentists with access to information they need to make clinical decisions in a concise, user-friendly format.

In the past, ADA members and stakeholders have told the Association that they needed one centralized online resource to access the most current scientific information, and thanks to a grant from the National Library of Medicine and the National Institute for Dental and Craniofacial Research (Grant number G08LM008956), the ADA Center for Evidence-Based Dentistry is proud to offer this new feature. The ADA Council on Scientific Affairs provides oversight to the center's activities, including the EBD Web site.

"The Association has responded to member and stakeholder requests to create an EBD Web site, and we are proud to be the go-to source for evidence-based dentistry," said ADA President John S. Findley. "This Web site will be a valuable resource for the profession, helping dentists access the most current science and apply it to treating their patients."

The new Web site will also contain critical summaries—one-page synopses of the key elements of a systematic review that dental team members need to know when making treatment decisions.

The critical summaries are written by practicing dentists who have been trained in critical assessment of published studies. The critical summaries will also be a new monthly feature of The Journal of the American Dental Association starting with the March issue.

Some key features of the new Web site include:

- A database of systematic reviews which currently contains more than 1,300 reviews. The database will be updated quarterly.
- Clinical recommendations that provide evidence-based guidance on how current scientific evidence may be applied to patient care.
- A section where dentists can suggest clinical ideas and let the ADA know the clinical questions they encounter during patient care.
- Links to many other useful resources, including links to outside resources such as tutorials, glossaries and databases.

"The ADA plays an important leadership role in the profession and consequently, its support of evidence-based dentistry will go a long way toward validating this approach to dental practice for many practitioners," said Dr. Robert Weyant, a member of the EBD Web site's expert panel and chair of the Department of Dental Public Health at the University of Pittsburgh School of Dental Medicine.

"What's more, the approach adopted on the Web site, having peers prepare the summaries and encouraging comments and interaction among the users, is clearly the best approach for ensuring relevance of the information," Dr. Weyant continued. "Overall this is an important step forward for dentistry."

The Web site boasts a panel of world-renowned EBD experts who provide oversight for the EBD Web site, including training and overseeing the dentists that write the critical summaries.

These panel members include: Dr. Weyant; Dr. James Bader, University of North Carolina at Chapel Hill School of Dentistry; Janet Clarkson, Ph.D., University of Dundee (Scotland), Dental Health Services and Research Unit; Dr. John Gunsolley, Virginia Commonwealth University School of Dentistry; Dr. Philippe Hujoel, University of Washington School of Dentistry; Dr. Asbjorn Jokstad, University of Toronto, Faculty of Dentistry; Dr. Joseph Matthews, University of New Mexico School of Medicine; and Dr. Rick Niederman, Forsyth Institute.

In this opening stage, the EBD Web site currently has information for dental and health care professionals. In its next phase, the ADA will develop content for the general public.

For more information, visit the new Web site at "ebd.ada.org". ■

—garvinj@ada.org

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Honolulu—Registration is now open for ADA post-annual session continuing education courses Oct. 6 and 7.

Three course options offer attendees a chance to explore Maui, Hawaii's Big Island or Kaua'i and earn an additional six hours of CE credit after annual session.

Classes on mini implants, digital photography and the Invisalign system are scheduled for 8-11 a.m. both days, leaving the rest of the day free for participants to explore the wonders of Hawaii. Marriott resorts on each island offer reduced ADA rates for post-session registrants.

Courses include:

• "Mini" Implants: Techniques, Placement and Integration by Dr. Gordon Christensen. The course will be held at Wailea Beach Marriott Resort and Spa, Maui.

Dr. Christensen will provide information on the surgical placement and restoration of small diameter implants and how placement and restoration of minimally invasive mini implants can be easily integrated into typical general and specialty practices. Participants will be able to try out mini implant products and meet with sponsors on-site. This course is produced in cooperation with the Scottsdale Center for Dentistry.

Course fee is $399. Discounted ADA rates at this Marriott resort are $240 for a "run of house" room; $260 for a "run of ocean" room.

• Demystifying Digital Photography: Clinical Concepts and After-Hours Artistry, by Dr. Stephen Snow, will be held at Waikoloa Beach Marriott Resort & Spa on Hawaii's Big Island.

Photographers of all experience levels will benefit from this course that focuses on clinical photography techniques and camera choice as well as recreational photography. Participants are encouraged to bring a complete digital camera system, including a camera, intraoral (macro) lens, flash and memory card.

Course fee is $299. Discounted ADA rates at this Marriott resort are $199 for a "run of house" room; $229 for a "run of ocean" room.

• Take Your Invisalign Practice to the Next Level with the Pride Institute, by Dr. David Ostreicher (day 1) and Amy Morgan, chief executive officer, Pride Institute (day 2) will be held at the Kaua'i Marriott Resort and Beach Club.

On day 1, Dr. Ostreicher, an experienced provider, will focus on how to integrate the system into a dental practice. On day 2, Ms. Morgan will cover how to upgrade scheduling, financial, marketing and treatment presentation systems to increase productivity and efficiency.

Course fee is $399. Discounted ADA rates at this Marriott resort are $235 for a "run of house" room; $255 for a "run of ocean" room.

Post-session attendees must be registered for annual session to participate. Register for annual session, see complete post-session CE course descriptions and book post-session courses and accommodations now at "www.ada.org/goto/session".

Annual session goers can take advantage of discounted rates at official ADA hotels on Oahu and the other major islands before, after and during annual session. There are a variety of properties to choose from on each island. (No shuttle service is provided from other properties to the post-session continuing education programs.) ■

Photo courtesy Hawaii Visitors and Convention Bureau

Island of fire: Hawaii's Big Island, the legendary home of Pele, the goddess of fire, has five volcanos—one extinct, one dormant and three active.

Photo courtesy Wailea Beach Marriott Resort and Spa

Golfers paradise: The Wailea Beach Marriott Resort and Spa on Maui beckons visitors to hit the links.

Register now for annual session

Complete registration options open March 31

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

Honolulu—Starting March 31, ADA annual session registration will open for continuing education courses and special events.

The ADA's 150th annual session will convene Sept. 30-Oct. 4 at the Hawaii Convention Center in Honolulu.

General registration and housing opened Jan. 21 to give attendees the opportunity to make Hawaii travel plans early.

On March 31, annual session goers can either begin the registration process or log back onto the system to add CE courses and special events.

Visit "www.ada.org/goto/session" and:

• choose from among more than 180 continuing education courses, including lectures, workshops and Education in the Round;

• learn more about educational opportunities unique to the ADA such as the Live Operatory Center and ADA365.org;

• enter one of two new competitions for 2009—the Education Exchange Competition (professional table clinics) and the Adult Preventive Care Office of the Year competition;

• explore the World Marketplace Exhibition and save a shopping list using a new, improved online search function;

• learn about events celebrating the ADA's 150th anniversary including the 2009 Opening General Session and Distinguished Speaker Series scheduled for Wednesday evening, Sept. 30, sponsored by Johnson & Johnson Healthcare Products Division of McNEIL-PPC Inc.; and the Friday evening special event. ■

One-stop shopping

ADA's One Source ready to help with annual session registration, housing and travel

Have you made your annual session travel plans yet?

Visit the ADA's One Source at "www.ada.org/goto/session" for registration, housing and travel accommodations.

Benefits of the ADA's One Source include:

• customized travel itinerary, including the best available airfares and assistance with interisland planning;

• access to guaranteed lowest room rates in Honolulu at more than 40 official ADA hotels, in addition to the major outer islands;

• answers to annual session registration questions.

One Source can provide ADA members with access to the best airline discounts; travel professionals who will notify travelers if lower fare opportunities become available, and monitor schedule changes and seating; and expert assistance planning flights to Hawaii including interisland travel.

Call the ADA's One Source for flight reservations at 1-800-974-2925 (toll-free, U.S. only) or 1-847-996-5876.

Registrants using frequent flyer miles should make reservations early by contacting their preferred carrier directly. (Frequent flyer seats are very limited.) ■

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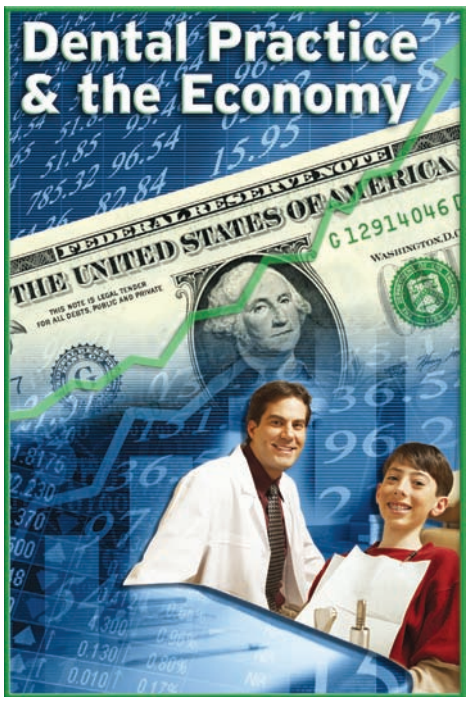
Practice survival strategies for a recession

BY BRANDON COLLIER

■ **Second in a series**

Mr. Collier



While plenty of dental practices continue to produce at record levels, there is no doubting that most practices are feeling the effects of the protracted economic downturn. The soft economy has particularly affected specialists, as families delay or shop around for orthodontic treatment, general dentists are referring fewer endodontic cases and cosmetic dentists may have too small of a hygiene practice to fall back on. The following are some ideas worth considering to help weather the storm.

Keep in mind, however, that despite the emphasis here on profitability, do not obsess over money. If you must obsess over something, obsess over your patients. It's amazing how dentists who focus most on what's important for their patients find that the money always follows.

(1) The last patient of the day is by far the most profitable. Often the only major difference between a practice with revenues of $600,000 and another with $800,000 is that the dentist hustles just a bit more to squeeze in one or two more patients each day. Yes, there is still room in the larger practice for patients to receive excellent clinical care, and the benefit of being able to treat one additional patient is that practically the entire fee drops to the bottom line as profit. Why? Because the only new expenses incurred are the supply and possibly some laboratory costs. The fixed expenses, such as rent, staff and utilities, will not increase, so a practice with, say, a 65 percent overhead will have perhaps a 10 percent overhead on the last patients of the day.

(2) The best long-term practice builder is to make short follow-up evening calls to patients. This is especially true when you have just performed some invasive procedure or where you expect the patient to be feeling pain. These calls should average less than one minute. You will distinguish yourself as the only caring doctor they have ever had, and they will sing your praises to their friends and relatives. The only explanation that dentists give as to why they stopped this practice is because it worked so well that their practices got big and they got lazy. That is a wonderful problem to have.

(3) The best short-term way to boost a practice's size is to buy out the practice of a nearby retiring doctor at a fair price. Run both offices for a sensible transition period, and then consolidate them into whichever office makes more sense. You will likely retain almost all of the seller's practice revenues and can eliminate many of the seller's practice expenses so the acquired practice will almost assuredly be more profitable to you than it was for the seller.

(4) Eliminate unnecessary business expenses. We tend to rationalize every big equipment purchase as being absolutely crucial to the continued viability of our practice. But if revenues are shrinking, then profitability will do the same unless we spend more judiciously. The government has liberalized the tax depreciation rules in hopes of encouraging businesses to invest in new equipment, but this, by itself, is no justification.

Remember, no tax advantage is worth having if the cost of getting it outweighs the value of the tax advantage. If you can live without the new equipment, then delay the purchase. The rules permitting immediate deductions are not going away anytime soon. Rather than taking the entire staff cross-country to attend a practice management seminar, bring the consultant to the office or schedule an Internet-based presentation. However, if you have an unused operatory or examination room that has become storage space, spend the money to turn it into productive space. What tends to happen is that the extra space does get used—for emergency or difficult patients, a part-time associate, or for a hygienist to use the intraoral camera to help patients better understand the treatment they need. If the renovation costs $30,000, the fees from just one extra patient per day will quickly pay for it.

(5) Market more effectively. Our existing patients are the best source for generating new ones. All dentists should ask their patients for referrals.

There's a tasteful and an untasteful way to do this, but there's nothing wrong with prominently posting a sign in the office saying "We Welcome New Patients." And from time to time, the dentist should tell patients something like, "While we are certainly busy, new patients are the lifeblood of our practice and we always have room for them." This is especially important for an older dentist whose patients may incorrectly assume that he or she is not looking for new patients.

(6) Effective Web sites are also crucial. They won't bring in many new patients by themselves, but your patients will refer their friends and these friends will look you up online before scheduling an appointment. If they have two doctors' names, they will look at both sites before making their decision. Most dentists' Web sites are boring. The effective ones are not only visually attractive, but contain honest heartfelt messages from the doctor about why he or she became a dentist, what he or she loves most about dentistry, and what makes his/her practice unique. As for placing ads in the Yellow Pages, this seems almost useless. We've known some doctors to informally poll their patients, and they find that less than 1 percent of them came to the practice from ads in the phone book. Interestingly, ads placed in the White Pages seem to actually bear more fruit.

(7) Reduce broken appointments. Ideally, these should occur only about once every other day. Some things we've seen work over the years include:

- having the dentist call all new patients at home or on their cell phone to confirm the upcoming appointment (which you are very excited about!);
- having the dentist or a staff member write the dentist's home phone number on their professional business card. The patients tend not to call, and this personalizes the relationship making broken appointments less likely;
- have a staff member ask patients whether they will notify the office about a broken appointment, and then wait for the patient to affirmatively state that they will. Getting the patient to acknowledge this is a more effective way to reduce broken appointments than simply notifying the patient about the office's cancellation policy.

Each of these can be used in tandem with a "three strikes and you're out" philosophy. On a patient's first unexcused cancellation, they are mailed a modest cancellation fee, which is fully waived as a professional courtesy. This will get their attention. But, if they cancel a second time, they are billed the fee (with no offset) and are warned that if they do this again, they will likely be dismissed from the practice. This may seem callous, but you need not tolerate patients who have so little regard for your time.

See ECONOMY, page 19

Wanted: Practice tips from dentists

Do you have a practice tip to share with other dentists about how to better survive a recession? Contact CDP's Dr. Pam Porembski, toll-free, Ext. 7463, or e-mail, "porembskip@ada.org". ■

ADA to provide information, advice

Created through the Council on Dental Practice in November 2008, the Subcommittee on Economic Issues is charged with identifying ways to help ADA members survive and thrive in tough economic times.

Working closely with the ADA Health Policy Resource Center, the subcommittee will periodically assess and monitor the effects of the recession on the dental profession and establish multiple channels of communication with ADA members to amass information and disseminate advice.

"We are hoping to become a source of information and perhaps advice to which the ADA membership can turn during difficult times—through both the ADA News and ADA.org," said Dr. Michael Halasz, subcommittee chair. "It is important for ADA members to know that we are aware of the difficulties many dentists are facing and that the ADA would like to help. We have a fantastic group of passionate dentists on the subcommittee. We feel that we can provide valuable information to our members."

Results from the HPRC 1st Survey of Economic Confidence are available on ADA.org at "www.ada.org/goto/surveyresearch". Click on Free Downloadable reports. The subcommittee will track initial data with results of quarterly follow-up surveys.

As part of the ADA News continuing series on the economy and dentistry, the March 16 issue will include news from the subcommittee and highlights from the 2nd Survey of Economic Confidence. ■

—furlonga@ada.org

SBA warns of bank account scam aimed at small businesses

BY ARLENE FURLONG

Washington—The U.S. Small Business Administration issued a scam alert on Feb. 18 to small businesses, warning them not to respond to letters falsely claiming to have been sent by the SBA asking for bank account information in order to qualify them for federal tax rebates.

The fraudulent letters were sent out to fax machines with what appears to be an SBA letterhead to small businesses across the country, advising recipients that they may be eligible for a tax rebate under the Economic Stimulus Act, and that SBA is assessing their eligibility for such a rebate. The letter asks the small business to provide the name of its bank and account number.

These letters have not been sent by or authorized by the SBA, and all small businesses are strongly advised not to respond to them.

"If you respond the senders will empty out your bank account," Mike Stamler, a spokesperson for the SBA told ADA News Feb. 24. "Be aware that federal agencies will not send out requests for banking information."

Mr. Stamler said the inquiries appear to be coming from overseas. "If people send financial information there won't be any way to get their money back," he warned.

The scheme is similar in many ways to e-mail scams often referred to as "phishing" that seek personal data and financial account information that enables another party to access an individual's bank accounts or to engage in identity theft.

The SBA is working with the SBA Office of Inspector General to investigate this matter. Anyone who receives such a letter should report it to the OIG Fraud Line at 1-800-767-0385, or e-mail at "OIGHotline@sba.gov". ■

—furlonga@ada.org

ADA members can download surveys

Survey Center benefit means 'dues dollars go further'

BY ARLENE FURLONG

New this month, survey reports from the ADA Survey Center are available free of charge to ADA members on ADA.org.

"This is a tremendous benefit," says Dr. Bernard Dishler. "It's just another way the ADA makes members' dues dollars go further. Plus, some of these reports will provide information that will help dentists reduce practice expenses."

Dr. Frank Graham, chair of the Council on Dental Practice, thinks the value of free survey reports to members will make the management process easier and less time consuming.

"In order to keep the primary focus on quality patient care, practitioners must be able to manage the business aspects of their practice quickly and efficiently," said Dr. Graham. "Having access to accurate and timely information will help dentists do that."

The House of Delegates in October 2008 adopted Resolution 80H-2008, directing appropriate ADA Survey Center results to be posted on ADA.org in the members-only section.

Free downloadable PDFs for 15 reports are accessible. As newer versions of these reports are published and other titles become available, the Survey Center will add to the list of reports available to members free of charge.

Members can go to "www.ada.org/goto/surveyresearch" and click on Free Downloadable Reports to review the list of titles available.

Only the listed reports are available as free downloads and are not available via e-mail. Hard copies of the reports may be purchased online at "www.adacatalog.org" or by calling 1-800-947-4746. ■

Economy

Continued from page 18

Despite how significantly your practice and finances have been affected by the Great Recession, you must avoid becoming paralyzed by fear and doing nothing.

There are still many ways in which to grow your practice and make it more profitable, but you must be proactive and seize the opportunities during these tough economic times. ■

Mr. Collier is a tax attorney and the president of Collier, Sarner and Associates Inc., a company that has been advising dentists on the business aspects of their practices for the past 40 years. He is the editor of the Collier Sarner Newsletter and conducts the popular Collier Sarner doctor seminars. He represents dentists in all phases of practice transitions, including valuing practices and structuring the sale. He regularly consults with clients to provide practice management, investment and tax savings advice.

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