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ADA News - 08/01/2011

American Dental Association, Publishing Division

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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

AUGUST 1, 2011 VOLUME 42 NO. 14

Ad Council OKs campaign on children's oral health

ADA, DTAF, other dental groups combine efforts

BY CRAIG PALMER

The Ad Council, committed to addressing pressing social issues with slogans iconic in American culture, approved a dental coalition initiative for a national advertising campaign to improve children's oral health.

The Partnership for Healthy Mouths, Healthy Lives campaign will seek to provide education and raise awareness of parents and caregivers to their children's oral health.

Coalition representatives presented the proposal June 13 to the Ad Council Executive Committee in New York.

"Creating a strong extensive partnership in the dental community proves

See AD COUNCIL, page 14

Photo by John Corneau/Lowell Spinners

A big hit: More than 3,000 fans flossed simultaneously at the Massachusetts Dental Society-sponsored "Floss Night" at the Lowell Spinners' baseball game June 29 in Lowell, Mass. It was a flossing record, say MDS officials. MDS President Charles Silvius tossed out the first pitch of the game for the Spinners, the Single-A affiliate of the Boston Red Sox. MDS distributed oral health information to fans as they entered the park, and each one received an Oral-B floss pick donated by Procter & Gamble.

'Cease and desist,' FTC judge tells NC dental board

BY CRAIG PALMER

Washington—Dentist and nondentist teeth whitening services "are reasonably interchangeable" and "comparable" whether offered in the dental office or shopping mall, a Federal Trade Commission judge said in a July 14 antitrust ruling.

Wyoming public affairs, page 13

Chief Administrative Law Judge D. Michael Chappell told the North Carolina State Board of Dental Examiners to "cease and desist from directing a nondentist teeth whitening provider to cease providing teeth whitening services or teeth whitening goods provided in conjunction with

See FTC, page 15

IOM report eyes improving access to oral health care

BY STACIE CROZIER

Charged with assessing the current U. S. oral health care system, and in particular, its strengths, weaknesses and future challenges for delivering care to vulnerable and underserved populations, the Institute of Medicine Committee on Oral Health Access to Services released a 243-page report July 13, outlining its vision for the future and far-reaching recommendations for federal agencies, state governments and other stakeholders for improving access to oral health care.

"Improving Access to Oral Health Care for Vulnerable and Underserved Populations" (available online at "www.iom.edu") states that millions of Americans are not receiving dental

See IOM, page 13

BRIEFS

Call for comment:

The Council on Dental Education and Licensure has received an application from the American Society of Dentist Anesthesiologists for recognition of dental anesthesiology as a dental specialty.

The council invites written comment from individuals and organizations on the application.

Comments must relate directly to the Requirements for Recognition of Dental Specialties, which may be found at "www.ada.org/sections/educationandcareers/pdfs/requirements.pdf".

An electronic copy of the application is available from CDEL for $150. A check made payable to the American Dental Association must accompany the written request for the application. The application is also available for review in the council office by appointment.

CDEL will consider the application and all comments received at its November meeting.

The council's recommendations regarding the application will be forwarded to the 2012 ADA House of Delegates.

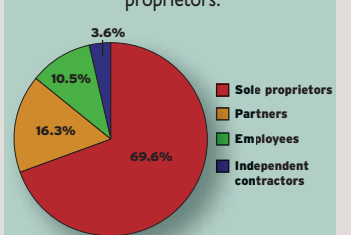
Forward written comments to the council director, Karen Hart, no later than Sept. 16.

Comments may be mailed, emailed or faxed to: Council on Dental Education and Licensure, American Dental Association, 211 E. Chicago Ave., Chicago, IL 60611; "hartk@ada.org" (email); or 1-312-440-2915 (fax). Questions may be directed to Ext. 2825. ■

JUST THE FACTS

Employment situation

The most common type of employment among private practitioners in 2009 was sole proprietors.



Source: Health Policy Resources Center, "survey@ada.org", Ext. 2568

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AAE hosts access event

BY JENNIFER GARVIN

San Antonio—The American Association of Endodontists drew more than 100 volunteers and provided more than $80,000 worth of free endodontic treatment during its Access to Care Project April 16 at the San Antonio Christian Dental Clinic.

The event, which treated 56 underserved patients, was held in conjunction with AAE's annual session. Volunteers included 38 endodontists and residents from the Dental School at the University of Texas Health Science Center at San Antonio, the University of Texas School of Dentistry at Houston and the Texas A&M Health Science Center Baylor College of Dentistry.

"Raising awareness of the importance of oral health care and improving access to that care are priorities of the entire dental community and the AAE is honored to help support the work of the SACDC," said Dr. Clara M. Spatafore, AAE immediate past president. "The patients we treated may have had extractions if we weren't able to help, but the AAE's Access to Care Project will help them keep their natural teeth for a lifetime."

Said David Phipps, executive director of the SACDC, which hosted the event, "To do this many root canals in one day is phenomenal and it means so much to us."

Henry Schein Dental and Henry Schein Cares donated support and equipment for the event.

For more information about the American Association of Endodontists, visit the website, "www.aae.org". ■

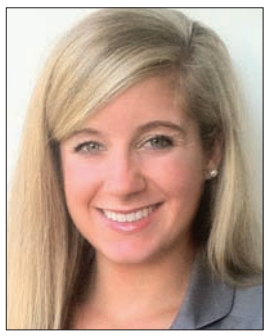
—garvinj@ada.org

ViewPoint

MyView

Loving the profession

Dispelling misconceptions—one patient at a time



Kallie Law

One of the most unexpected epiphanies I have had since matriculating to dental school is how many people truly dislike the profession of dentistry. Call me naïve or just blessed, but I grew up with loving parents who took me to the dentist on a regular basis and encouraged me to brush and floss. Consequently, I loved going to the dentist and I thought they did, too. Cue reality. Turns out, my mom is the world's worst patient, and while she likes our dentist as a person, she absolutely despises "going to the dentist."

My mom, like many other patients, is fearful of the unknown. She grew up going to the dentist when the rapport was more militaristic than nurturing. Dentists used Novocaine (my patients still ask me if I give Novocaine shots!) and dentistry was more reactive than proactive. Instead of minimally invasive dentistry, sealants, and publication and product reviews, patients like my mom ended up with a mouthful of amalgam which has transitioned into a mouthful of crowns because at the time, current philosophies (or is it flossophies?) dictated larger preparations, including "extension for prevention," especially for amalgams.

I feel fortunate to be entering the profession at this prime time. "Painless dentistry" is no longer an oxymoron, ceramic crowns can be fabricated chairside, and as research and materials continue to improve, dentists have a plethora of options to give their patients in formulating optimal treatment plans. Implants are considered a standard of care option in treatment planning for edentulous spaces. By carefully managing provisionals to shape the soft tissue to house final restorations, patients can have beautiful, natural results that are almost indistinguishable from natural teeth. However, misconceptions about our profession still run rampant from the bottom to the top.

While I am still struggling to reconcile the fact that others may not appreciate what I do, I love my profession. I enjoy working with my hands and thinking through diagnosis and treatment planning. Dentistry offers its members the ability to tangibly do and fix problems with which our patients present.

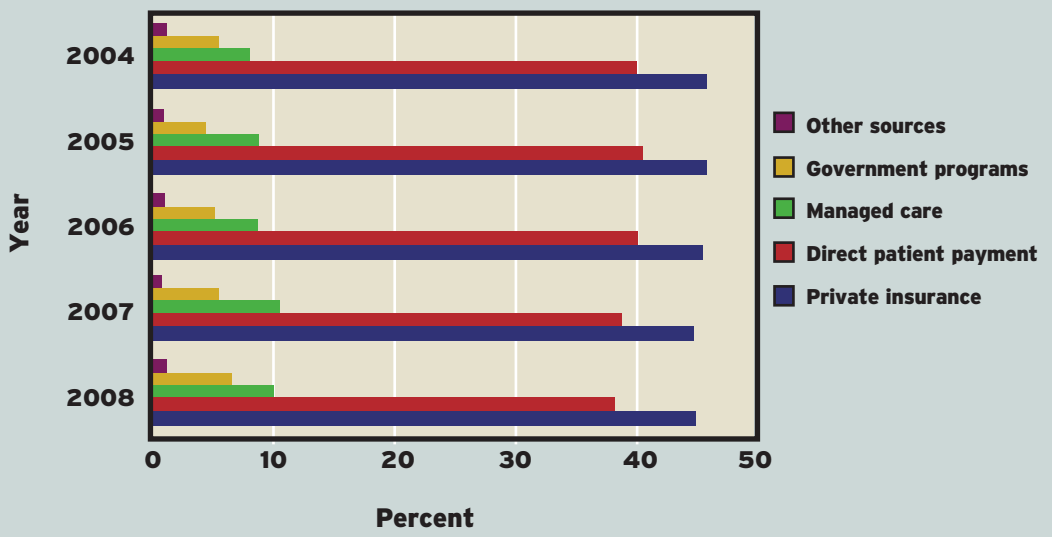
One of the quickest but most meaningful procedures I have accomplished thus far in clinic happened two days before Thanksgiving. I had an emergency patient come to me because she had broken the porcelain facing off her porcelain-fused-to-metal crown during the previous week. The offending crown, located on the first premolar, bothered her when she smiled, exposing the metal coping of the existing restoration. A little bit of HF, a little silane coupling agent used adjunctively with opaque composite, and then A1 composite, and my patient was so much happier than when she walked in the door. Granted, this was only a temporary fix to mask the metal for those holiday photos, but it was the best option for the day because of our time constraints. Being a junior dental student faced with

See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Billing sources

Private insurance provided nearly half of the gross billings for solo dentists in primary private practice between 2004 and 2008.



Source: American Dental Association, Health Policy Resources Center, *2009 Survey of Dental Practice, Income from the Private Practice of Dentistry.*

Letters

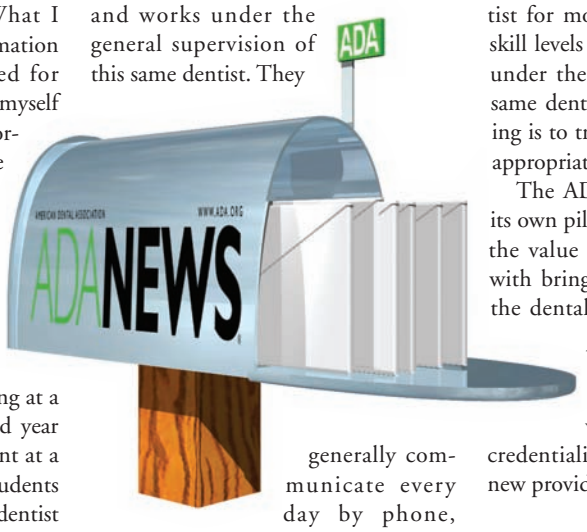
Dental therapists

Every week I read something about dental therapists and how states around the country are considering these new providers as a way to expand access to dental care, especially in underserved communities. What I have not seen is any real information regarding the training required for dental therapists. I took it upon myself to find out more, and this is information I would like to share with my fellow dentists.

The University of Washington provides curriculum development and administrative oversight for the dental therapist program in Alaska. The students spend their first year (39 weeks, five days/week) training at a center in Anchorage. The second year (40 weeks, five days/week) is spent at a clinic in Bethel, Alaska, where students work in pairs with a supervising dentist and see patients every day.

Upon completion of these two years, each dental therapist participates in a mini-residency of three months and 400 hours where he/she works under the direct supervision of a dentist. At the end of this period, the dentist determines a standing order of practice, i.e., a list of what procedures this particular dental therapist shows the competency to be allowed to perform under general supervision. This dentist has a clear understanding of the skill level of the dental therapist, ensuring that care is provided safely and competently.

Once in the field, the dental therapist is assigned to a satellite clinic in an underserved community and works under the general supervision of this same dentist. They



generally communicate every day by phone, reviewing the dental therapist's work orders and exchanging X-rays via the Internet. They are essentially consulting in real time with ready access for discussion and advice.

In Alaska, dental therapists are also required to demonstrate competency on a regular basis. Every two years throughout their career, they must be re-certified, demonstrating for a dentist each of the procedures in their individual scope of practice. This enables the dentist supervisor to continually assess that the dental therapist has maintained his/her competencies.

Thus, we should all realize that these practitioners receive extensive training for specific procedures, work under the direct supervision of a practicing dentist for months, and then, once their skill levels have been certified, practice under the general supervision of the same dentist. Every step of this training is to try to ensure safe, quality and appropriate care.

The ADA should consider starting its own pilot programs to further assess the value and possibilities associated with bringing a dental therapist onto the dental team. After all, pilot projects exemplify American creativity at its best, and who better than dentists to weigh in on the training, credentialing and evaluation of these new providers?

Edwin S. Mehlman, D.D.S.
Warren, R.I.
ADA Past Vice President (1994-95)
ADA Past Trustee (1999-2003)

Editor's note: As Dr. Mehlman explains, dental therapists work under direct on-site supervision of a dentist "for months" while in training, then under "general supervision" of the same dentist. This approach is counter to current ADA policy (passed by the

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; email to "ADANews@ada.org".

Letters

Continued from page four

House of Delegates in 2010), which emphasizes the dentist's role as the leader of the dental team who performs examinations, diagnoses, treatment planning and surgical/irreversible procedures that are defined as the cutting or removal of hard or soft tissue.

There are ways to support access needs and foster patient safety, as pointed out in the ADA's 2011 statement, Breaking Down Barriers to Oral Health for All Americans: The Role of Workforce ("www.ada.org/sections/advocacy/pdfs/ada_workforce_statement.pdf"). Changes to the dental workforce are only one factor when it comes to extending access to oral health for underserved populations.

It's also worth noting that Dr. Mehlman describes workforce models that differ somewhat from two educational programs approved by the Minnesota Board of Dentistry, dental therapy and advanced dental therapy. Currently, there is no accreditation process that ensures quality review of any of these programs.

Licensure exams

It is disappointing that the Florida Board of Dentistry ("Florida's Landmark Decision: State Opts for ADEX Exam for Dental Licensure," June 20 ADA News) simply switched from one patient-based licensure exam to another (the American Board of Dental Examiners Dental Examination). They missed the chance to lead our profession away from using live patients in restorative and perio treatment to screen for incompetence. This age-old system unavoidably is set up to guarantee a few bad outcomes at every testing time and site.

It used to be that only two groups allowed the removal of human tissues during testing procedures, but the hair-stylist candidates have now switched to plastic manikins.

No test can duplicate the use of live patients, but modern dental simulators are more than adequate for state boards to meet their charge to protect the public. Someday state boards will invoke ethical standards that ignore the psychometricians and ban the use of live patients during exams. Some time later, our profession will look back with shame and embarrassment on this era, much as we do with the eras before women gained the vote and all races earned equal rights.

When will that time be? It might come after dental students protest in the streets, or after lawsuits generate bad press, or after enlightened leadership in our profession demands the obvious need for change. Let's hope for the latter.

Victor J. Barry, D.D.S.
ADA Past Trustee (1994-98)
Seattle

Collective bargaining

I am writing to express my frustration over the fact that we as a profession are precluded from engaging in collective bargaining, which would be an extremely helpful tool in dealing with the insurers who provide us reimbursement.

Our "cottage industry" businesses are at a serious economic disadvantage with regard to the insurance companies. If we do not sign a contract with each one of them, we lose out on a very large pool of patients "managed" by each company. They control the fees, ignoring an increase in our ever-mounting cost of utilities, supplies and employees' wages, resulting in shrinkage of our net profit (look at your most recent economic survey). It is largely unsatisfying to say that "we" have a choice whether or not to contract with them.

Insurance companies continue to pay out only $750 to $1,000 a year as they have for the past 35 years and hold down their premiums by "managing" us while making obscene profits.

I recognize that the antitrust laws do not permit the collective bargaining that would give us an opportunity to negotiate better terms. I hope, however, that we are using our associations to seek legitimate ways to have our voices heard. Let's use them for a change to help the members. After all, it would be a shame to have to quit paying our dues because we cannot afford them anymore!

J. Kenneth Williams, D.D.S., M.B.A.
Madison, Tenn.

MyView

Continued from page four

an eleventh hour task, I, like my patient, couldn't have been happier with the outcome.

I may be young, but I am not inexperienced enough to think that I can win over every patient, even if I am putting my heart into it. There are moments when I feel like every word I say is going in one ear and out the other (maybe dentistry is preparing me for raising teenagers one day?) and I feel like my breath is better spent just converting oxygen to carbon dioxide instead of explaining oral hygiene instructions one more time. In spite of my frustrations, I continually try my hardest to treat every patient like he or she were my own scaredy-cat mother. She may or may not have made me promise this way back when I was an even younger first-year.

On that last note, I got my first taste (literally) of the profession and of my patients loving me back this past Christmas. One of my favorite patients surprised me with Christmas presents: a cake and a card with the words carefully penned, "I appreciate all your kindness since you have been working on my teeth." Thirteen words, just one sentence, but filled with sincerity and thoughtfulness. I was feeling the love.

When she wrote this, Ms. Law was a junior year dental student at the University of Alabama School of Dentistry. She is now a senior. Her comments, reprinted here with permission, originally appeared in the February 2011 issue of AGD Impact, the news magazine of the Academy of General Dentistry.

Campaign Statements

Candidates seeking ADA-elected offices prepared platform statements and profiles on this page for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications. Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are printed as information for Association members.

The candidates included are those who—as of press time—had decided to seek national office through the upcoming Association elections held concurrently with the Oct. 10-14 House of Delegates meeting in Las Vegas.

If more than one candidate is running for an office, the candidates are listed in alphabetical order. Elections for contested races will be held Oct. 13. Candidates in uncontested elections will be declared elected at the first meeting of the House on Oct. 10. The candidates' profiles and statements are also posted for members only on ADA.org. ■

O. Andy Elliott, D.M.D.

President-elect candidate

I believe it's time that we get back to our basics, returning to member service and our foundations of science, prevention and education.

It should make a difference to be an ADA member. We must improve the value of membership! We must support members on a practice level to provide the high level of care American dentistry is known for. To do this we need a strong Association, addressing the demographics of our membership, determining their needs and concerns, and directing the future. Not allowing those who really don't know to speak for dentistry and our patients.

We can't drill our way out of this epidemic of dental disease. We must reach our patients through a preventive approach eliminating barriers to care with science on our side and prevention as our benchmark.

We transformed our profession from a trade through education; we must support our standards. There is room for innovation, combining clinical experiences, research and social responsibility with patient care as the focus.

We need a consensus builder, a communicator who not only understands the problems but has faced them in a practical real-world environment. I ask for your help in leading the ADA into its future. ■

PROFILE

Profile of: O. Andy Elliott, D.M.D.
Current residence: Prestonsburg, Ky.
Dental school attended: University of Kentucky College of Dentistry
Year received dental degree: 1983
Years of ADA membership: 32
Other professional memberships:
• Academy of General Dentistry
• American College of Dentists
• Pierre Fauchard Academy
• National Museum of Dentistry
• RAM Kentucky
Volunteer posts/elective offices held in organized dentistry:
• ADA Second and First Vice-President 2007-2009
• Kentucky Dental Association President 2006

See DR. ELLIOTT, page eight

Robert A. Faiella, D.M.D.

President-elect candidate

The challenges we will face as an Association, particularly over the next 3-5 years, are developing through a unique set of circumstances which require an innovative approach to resolve. We must think and interact in ways that push us beyond our past efforts.

The value of membership in the tripartite is defined by many factors and reflects the diverse group of professionals we are. Our challenge as an organization is to define that value through proactive policies and responsible management of our resources. Effectively maintaining our membership requires that we, as ADA leaders, ensure our members understand how the organization's endeavors align with our core values, and the importance of strategic budgeting to safeguard a financially viable association.

We must work to reinforce that only a dentist can lead the dental team, and provide diagnostic, treatment planning and surgical/irreversible services for our patients. Our role in developing such policies must not only contribute to the profession as a whole, but must also represent the interests of our most important stakeholders—our members.

I have worked very hard during my time as a delegate, and as a trustee, to earn your trust. I respectfully ask for your support and your vote. ■

PROFILE

Profile of: Robert A. Faiella, D.M.D., M.M.Sc.
Current residence: Osterville, Mass.
Dental school attended: Fairleigh Dickinson University
Year received dental degree: 1982
Postgraduate education/specialty: M.M.Sc., Harvard University Certification, Periodontics, Harvard School of Dental Medicine
Years of ADA membership: 33
Other professional memberships:
• American College of Dentists
• International College of Dentists
• Pierre Fauchard Academy
• American Academy of Periodontology
• Academy of General Dentistry
Volunteer posts/elective offices held in organized dentistry:
• ADA 1st District Trustee

See DR. FAIELLA, page eight

Morris Antonelli, D.D.S.

Second vice president candidate

The challenges facing dentistry are not new. However, today these problems are more acute and require firm commitment and innovation to resolve them.

The American Dental Association has a long history of deep concern for the complex issue of access to oral health care. The Council on Access, Prevention and Interprofessional Relations, an ADA council dedicated to dealing with access to treatment and the prevention of oral disease, has been in place for decades. Our American Dental Association must continue to lead in finding resolutions to these difficult issues.

We must avoid being placed in a reactive position by well-intentioned foundations and state legislatures who are proposing to alleviate these problems with the panacea of "midlevel providers." The ADA position that only the dentist may perform surgery on hard or soft tissue is not open to compromise. However, this still leaves open the possibility of new workforce team members headed by a dentist. Oral Preventive Assistants are one such possible addition. OPAs might provide basic prophylaxis and preventive services under direct supervision, thus freeing the dentist and hygienist to perform more complex treatment.

As a vice president, I will represent the House of Delegates to support a proactive stance relating to access and workforce. I will also be vigilant in representing the House in all matters that come before the Board of Trustees. ■

PROFILE

Profile of: Morris Antonelli, D.D.S.
Current residence: Kensington, Md.
Dental school attended: University of Maryland
Year received dental degree: 1961
Years of ADA membership: 54
Other professional memberships:
• American College of Dentists
• International College of Dentists
• Pierre Fauchard Academy
• Alpha Omega Dental Fraternity
• Maimonides Dental Society
Volunteer posts/elective offices held in organized dentistry:
• President, Southern Maryland Dental Society
• President, Maryland State Dental Association
• President, Dental Practice Association of Maryland

See DR. ANTONELLI, page seven

David C. Anderson, D.D.S.

Speaker, House of Delegates candidate

A successful House is one in which all points of view and all ideas are explored.

Each and every member must be engaged and know their participation in reference committees will be transmitted onto the House floor and given full consideration.

The speaker should assist this flow with neutrality, a consistent state of order and, dare I say, humor.

When completed, a House should leave its members with a sense of accomplishment—not relief. All delegates have the deep-seated desire to help the profession they love. They must know in their hearts, their House is the full expression of their work and wishes. Affirmed and energized, they will engage other members to become part of the process.

All this is within our grasp. It must be. We are entering difficult times, and without the healthy participation of our members, our profession will be Balkanized and made into a form few of us can envision, much less desire.

I am prepared to be the honest broker to achieve the goals the House deserves. ■

PROFILE

Profile of: David C. Anderson, D.D.S.
Current residence: Burke, Va.
Dental school attended: Virginia Commonwealth University
Year received dental degree: 1974
Postgraduate education/specialty: Periodontics
Years of ADA membership: 37
Other professional memberships:
• American Academy of Periodontology
• American College of Dentists
• International College of Dentists
• Pierre Fauchard Academy
Volunteer posts/elective offices held in organized dentistry:
• Speaker of the House, Virginia Dental Association
• Chair, ADA Council on Communications
• President, Virginia Dental

See DR. ANDERSON, page 12

J. Thomas Soliday, D.D.S.

Speaker, House of Delegates candidate

It's been a privilege serving the HOD these past nine years as your speaker. I have tried to provide stability in troubled times while modernizing the HOD to facilitate addressing the bylaw authority to carry out the legislative and governance business of the ADA. Predictably, the path hasn't been smooth—change is never easy—but we are making headway. This year we are in the second phase of computerizing the work of the House. There will be two electric hookups for every three delegates.

I am being challenged for the office of speaker. Maintaining order of the House while the delegates do their work takes a lot of experience and knowledge of parliamentary procedure. I think my record/experience speaks for itself. I am one of eight parliamentarians who completed the new revision of Sturgis, which is now more user friendly. Many of the techniques utilized in the ADA HOD are incorporated in that new edition.

I am asking for the opportunity to finish what I started—computerization of the HOD. Collectively we can make the ADA an organization all members can be proud to support. Thank you for your dedication to the ADA and support of my efforts. ■

PROFILE

Profile of: J. Thomas Soliday, D.D.S.
Current residence: Rockville, Md.
Dental school attended: University of Maryland, Baltimore College of Dental Surgery
Year received dental degree: 1963
Postgraduate education/specialty: Washington Hospital Center Oral Surgery Residency 1963-64; University of Pennsylvania Oral Surgery 1966-67; Episcopal Hospital, Philadelphia 1967-69
Years of ADA membership: 41
Other professional memberships:
• American Association of Oral and Maxillofacial Surgeons
• American College of Dentists
• International College of Dentists
• Pierre Fauchard Academy
• American Institute of Parliamentarians
Volunteer posts/elective offices

See DR. SOLIDAY, page 12

Midweek meeting offers advantages, savings

Las Vegas—It's not by chance that the ADA's 152nd Annual Session will convene here Monday, Oct. 10, through Thursday, Oct. 13—there are some definite advantages for attendees to travel, learn, network and relax on a midweek schedule.

"Las Vegas hotel rates are significantly more affordable on weekdays than they are on weekends," said Richard C. Harper, executive vice president of Sales and Marketing for MGM Resorts International. "Weekends are in peak demand for Las Vegas and command higher rates as a result. By taking advantage of the midweek pattern, the ADA was able to negotiate more favorable rates."

Airfares are typically more affordable, Mr. Harper added, and the proximity of the airport to Las Vegas attractions also saves visitors time and money.

"Las Vegas has one of the best airports in the country," he said. "Averaging nearly 500 flights a day, McCarran International Airport is by far closer to the major resorts than any other major destination, saving on time and transportation costs. Like the hotels, the airports price their flights based on demand. With Friday and Saturday being the busiest days of the week, you can expect to see price differences that are more favorable for weekday arrivals/departures."

Other advantages for midweek visitors, he added, are "easier access to restaurants, pools, spas, shows and the casinos. Las Vegas in general averages a 13 percent increase in visitation from conferences compared to other cities, which is also a benefit for ADA."

Historically, Las Vegas has been a popular destination for the ADA Annual Session, drawing among the highest totals for attendance of any meetings. For instance in 2006, more than 40,000 attended the ADA's Annual Session in Las Vegas.

"The ADA works hard to provide the best member value and give our attendees what they want," said Dr. Kevin M. Laing, 2011 chair of the Council on ADA Sessions. "We hope all who attend will develop new clinical skills when they choose from more than 250 continuing education courses and purchase new products and equipment from among the more than 500 dental exhibitors at the World Marketplace exhibition. These are things dental professionals can bring back to their practice after the meeting that will help them improve patient care and their bottom line.

"We also hope that hard-working dentists and staff members will take advantage of all the excitement that Las Vegas offers."

For more details on Annual Session courses and events, the World Marketplace Exhibition, Las Vegas destination and travel information and more, visit "ADA.org/session". ■

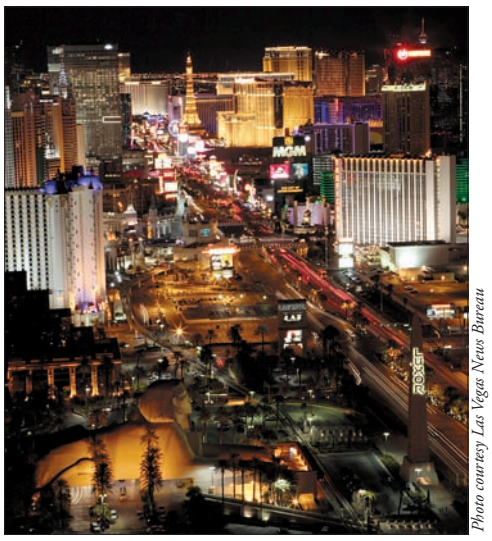


Photo courtesy Las Vegas News Bureau

Ready for Annual Session: Las Vegas will welcome the ADA in October.

Morris Antonelli, D.D.S.

Continued from page six

• Delegate (27 years), House of Delegates, ADA
• Member, Council on Access, Prevention and Interprofessional Relations

What are the three most critical issues facing dentistry today?

• Access and dental workforce
• Dental education
• The role of dentistry and oral health care in health care reform

What are your three main goals if elected?

1. I will represent the HOD on the Board of Trustees as the HOD "trustee" and will participate fully on issues that come to the Board. I have a vote and will exercise that privilege responsibly.
2. I will assist the president as requested to help realize ADA goals.
3. The ADA represents dentistry and the public in oral health care issues. My personal goal is to advocate effectively on behalf of the profession and the public on issues that come before the Board of Trustees.

What are your main qualifications for the office you seek?

1. 45 years of private general practice.
2. President of component and state dental organizations.
3. 27 years as delegate to the ADA House of Delegates.
4. Member, Council on Access, Prevention and Interprofessional Relations.
5. Clinical Instructor, Dean's Faculty, University of Maryland dental school.

Why do you want to be an ADA officer?

I have enjoyed a long career in dentistry that has included private practice and full participation in organized dentistry. This experience has prepared me to be an effective ADA officer. I can utilize my commitment, knowledge and leadership ability to further the very important goals of the American Dental Association.

House takes a tech step forward with ADA Connect

BY JUDY JAKUSH

ADA leadership—officers and delegates—have attended virtual summer school this year, learning how to master a new technological tool that brings the Association one step closer to a paperless House.

ADA Connect, based on Microsoft's SharePoint collaboration software, allows delegates, alternates and officers a secure platform for accessing House documents, exchanging information about issues and learning about their colleagues. It is replacing an older application, which is no longer produced, and it offers more features to users.

This step in rolling out ADA Connect is in keeping with the objective of Resolution 36H-2009 to transition to an electronic House by 2012. The software is designed to work with Macs and PCs, and the ADA is aggressively working to support iPads and Android tablets.

The ADA has held a series of webinars online so that delegates, alternate delegates and officers could learn the new system before the House meets in Las Vegas in October.

An advisory committee of dentists provided user input to ADA tech experts. The HOD Collaboration Team consists of Drs. J. Thomas Soliday, ADA Speaker of the House; John Nase, ADA Council on Communications; David McCarley, ADA Council on Ethics, Bylaws and Judicial Affairs; Rita Cammarata, Texas delegate; Alan Friedel, Florida delegate; and A.J. Smith, ADA 1st vice president.

Dr. Nase, who heads the Council on Communications Social Media Workgroup, says the training has been well-designed and executed. "The three phases of training is a smart move in attempting to familiarize House members a little at a time, in order that those of us who may not be entirely tech savvy get up to speed without being overwhelmed with information."

Dr. Mark Zust, a delegate from Missouri who participated in the online training, said, "I have personally not used paper in the House for a few years now and I look forward to more of our delegates using electronic means to streamline the business of the House. I remember receiving a new set of pages on the first day of the House. I would sit for an hour just to collate the new pages. Now I am able to simply download a new complete workbook. As the vice-chair of the Council on Dental Practice, I encourage our members to use technology whenever they can. The ADA is committed to making our work easier, and the webinar was particularly helpful in explaining the changes that the House will see this year."

"Document management" may not sound like an exciting term, but Dr. Nase sees it as key for the House getting its work done efficiently, especially given it only meets once a year. "This has been a perennial challenge for the House. ADA Connect has the potential to solve many problems experienced by the House in an organized, user-friendly manner. Personally, one of the great things about electronic document management through ADA Connect is the future possibility of being more responsibly earth-conscious. Ever since my first experience with the HOD, I frankly have been appalled at the enormous waste of paper and associated carbon usage by the House. ADA Connect's document management capabilities are a huge step in the right direction."

CEBJA's Dr. McCarley agrees. "We have almost a thousand dentists and ADA staff who need to stay connected while doing the business of the House of Delegates," he said. "With ADA Connect we can now respond instantly to discussion of House resolutions and updates to the House agenda. New delegates will find ADA Connect very helpful with the flow of information that can seem overwhelming at times."

Dr. Ken Weinand, a delegate from Missouri, after participating in the webinar, called the ADA to say how valuable it was for him. What he particularly likes in the new software is the ability to tie budgetary impact immediately to a resolution. "It is organized so that we can see easily how much a resolution will cost the ADA. This will help us be better stewards of our members' dues. We will be better budgeteers."

Dr. Weinand has long been an advocate for a paperless House and last year thanked delegates at the microphone for bringing their laptops and saving some trees. "Another big plus is that this system is secure, unlike emails. This is a tool that will help us be more efficient in our business at the House."

Dr. Nase emphasized the collaborative aspect. "ADA Connect will not only allow delegates and alternates to access House documents seamlessly, but will also allow for socialization between constituent delegations, councils, reference committees and special interest groups, as well as our many experts on a plethora of subjects. ADA Connect is a tool that should not sit idle for 11 months out of the year if used properly; rather, it should be utilized by delegations on a consistent basis. This socialization should make for a well-informed House year round and not narrowly relegated into the confines of a weeklong session."

The software will also be deployed in the fall to ADA councils and commissions, followed by the tripartite, State Public Affairs program and ADA Standards development, with completion expected in the first quarter 2012. ■

—jakushj@ada.org

HOD mega topic discussion set for Oct. 10

Las Vegas—The ADA will hold the eighth interactive mega topic discussion session Oct. 10 from 12:30-2:30 p.m. in the MGM Grand Premier Ballroom meeting rooms 315-317 during Annual Session.

This year's discussion will examine the "The Dentist in 2030: Demographics, Changes in Dental Education and Our Ability to Influence Developments in our Profession."

"The House of Delegates, the Board of Trustees and the Strategic Planning Committee considers the information gathered from these discussions to be invaluable," said Dr. J. Thomas Soliday, ADA speaker. "The goal is to get people thinking about the future of dentistry, what it means for them and the profession as a whole."

The format will be similar to previous years with small table discussions, and scheduled speakers including Drs. Leo Rouse, Jack Dillenberg, Michael Glick, Robert Leland and Adam Shisler. The results will be collected and compiled by the consultant facilitator and posted by ADA on the House of Delegates site on ADA.org.

Delegates or their alternates must be ticketed in order to attend. The District trustees will distribute tickets to delegates during the pre-annual session caucuses. In the event a delegate is not able to participate, the ticket may be given to an alternate delegate. For those who wish to attend as observers, a limited number of spaces will be available.

Delegates are asked to bring their "Backgrounder for the House of Delegates 2011 Mega Topic Discussion" document, which will be distributed later this month and is available on ADA.org. Participants are encouraged to arrive a few minutes early so all can be seated and the program can begin promptly. ■

O. Andy Elliott, D.M.D.

Continued from page six

• Chair, ADA Committee on the New Dentist, 1996
• Chair, Kentucky Dental Association Executive Board, 1998-2004
• President, Kentucky Mountain Dental Society, 1987-88, 2003-04

What are the three most critical issues facing dentistry today?

The continued infringement of third parties, government agencies and change agents into the practice of dentistry and the delivery of dental care, including proposed nondentist providers performing irreversible/surgical procedures.

The lack of understanding by policymakers into the efforts of the ADA and its members on behalf of the public. We also fail to adequately inform our members as to the advocacy we provide on their behalf.

The state of dental education with faculty shortages, new schools and new models, student debt and licensure, and accreditation issues.

What are your three main goals if elected?

To re-establish the member as a priority within the Association and to advocate for them on issues improving the day to day operations of a practice.

To work to regain the trust of the public and the trust between the House and the Board of Trustees. Using open communication and scientific evidence to educate, inform and heal the divisiveness and increase credibility.

To focus on the needs of our diverse nonmember groups and target benefits and services to create value for recruiting them into their ADA.

What are your main qualifications for the office you seek?

My ability to achieve consensus and bring all parties to the table, focusing their energies to work for the best outcome.

My experience with expanded function dental auxiliaries and with community-based hygiene and assisting programs offers insights to innovative solutions to eliminate barriers to care.

My understanding of the importance of communication with the membership. I initiated the Vice Presidents Communiqué to facilitate communication between the House and the Board.

My firsthand experience with issues like Medicaid inadequacies, manpower oversupply, capitated enrollment effects, student recruitment and debt counseling give me the perspective to advocate for the general membership.

My passion for our profession and this Association drives me to serve with respect and to focus on our core values and seek commonsense solutions.

Why do you want to be an ADA officer?

My grandfather taught me that as a professional you must work to improve things, or don't complain. I believe in our tripartite system and its 150-year history. I want to serve to facilitate its continued growth for generations to come.

Robert A. Faiella, D.M.D.

Continued from page six

• Chair, ADA Business Enterprises, Inc.
• Chair, ADA Compensation Committee
• President, Massachusetts Dental Society
• General Chair, Yankee Dental Congress

What are the three most critical issues facing dentistry today?

1. Membership. Our ability to invite our younger colleagues to participate in the Association, encourage their involvement in governance and meet their needs professionally will ultimately define ADA market share and our sustainable influence on the profession.
2. Access to oral health care and the dental workforce. There is an educational hierarchy in the profession that must be respected, upon which the public trust is based. Only a dentist can be responsible to lead the dental team and provide diagnostic, treatment planning and surgical/irreversible services.
3. The crisis in dental education. A critical review of dental education is needed to address the existing problems of provider distribution, student debt and expansion of workforce models beyond our policy.

What are your three main goals if elected?

• Best practices: I will continue efforts establishing best practices and clarifying ADA operational policies to promote implementation and accountability.
• Advocacy: The importance of our legislative and regulatory efforts protecting the independent voice of dentistry cannot be overstated, as our challenges continue to mount from both federal agency activism and individual state actions.
• Ensuring our future: Consistent with our policy statements, I will collaborate with outside stakeholders to have the ADA set the agenda for advancements in oral health to ensure the future of our profession.

What are your main qualifications for the office you seek? Leadership is making a difference, and my capacity as a leader is demonstrated through achievements such as:
• As chair and sole director of ADABEI since June 2009, to resolve a critical legal, reputational and financial risk to the Association;
• As chair of the Compensation Committee, establishing a sustainable process through implementation of industry best practices;
• As chair of the ADA Electronic Health Records Workgroup, developing strategic realignment of the workload to councils with bylaws authority;
• As general chair of the Yankee Dental Congress, leading the development of a major regional meeting for 29,000 professional attendees;
• As chair of the joint CODA restructure and finance workgroup, evaluating financial self-sustainability for CODA.

Why do you want to be an ADA officer?

Throughout my career, I have worked hard and conducted myself with integrity. As your president-elect, my commitment will remain not only to the profession as a whole, but also to the interests of our most important stakeholders—our members.

Study shows 'no significant association' between osteosarcoma and fluoride

Health&Science

Alexandria, Va—A new study in the Journal of Dental Research finds that there is no significant association between bone fluoride levels and osteosarcoma, a rare, primary malignant bone tumor that is more prevalent in males.

"An Assessment of Bone Fluoride and Osteosarcoma" appeared July 28 online and was designed to determine if bone fluoride levels were higher in individuals with osteosarcoma.

The case-control study was led by Dr. Chester Douglass of the Harvard University School of Dental Medicine and identified patients from the orthopedic departments of nine U.S. hospitals from 1993-2000. The researchers studied samples from incident cases of primary osteosarcoma and a control group of patients with newly-diagnosed malignant bone tumors. They also analyzed specimens of tumor-adjacent bone and iliac crest bone for fluoride content. They found that there was no significant difference in bone fluoride levels between cases and controls.

"The controversy over whether there is an association between fluoride and risk for osteosarcoma has existed since an inconclusive animal study 20 years ago," said Dr. Helen Whelton, vice president, International Association for Dental Research. "Numerous human descriptive and case-control studies have attempted to address the controversy, but this study of using actual bone fluoride concentrations as a direct indicator of fluoride exposure represents our best science to date and shows no association between fluoride in bone and osteosarcoma risk."

The study design was approved by the National Institutes of Health's National Cancer Institute, with funding provided by the National Institute of Environmental Health Sciences, National Institute of Dental and Craniofacial Research and NCI. The study was approved by the Institutional Review Boards of the respective hospitals, Harvard Medical School and the Medical College of Georgia.

For a link to the complete article, visit "http://jdr.sagepub.com/content/early/recent". ■

Interactive EBD course seeks applicants

Boston—The ADA Center for Evidence-Based Dentistry and Forsyth Institute are offering an interactive evidence-based dentistry course Sept. 19-23 at the Forsyth Institute.

The course is open to all dentists, dental team members, educators, researchers and other professionals with previous evidence-based dentistry experience. The cost for the course is $2,500 and ADA members receive a 20 percent discount. All participants are responsible for their travel and housing expenses. At the end of the course, participants will receive an EBD certificate from the Forsyth Institute and ADA continuing education credits.

For more information, visit "www.ada.org/forsythcourse.aspx" or contact Erica Vassilos, manager of the ADA Center for EBD, by email at "vassilose@ada.org" or by calling the ADA's toll free number, Ext. 2523. ■

White paper offers guidelines for electronic prescriptions

The ADA Council on Dental Practice has approved the ADA Standards Committee on Dental Informatics' White Paper No. 1070 for Implementation of the Electronic Prescription Standard for Dentistry that presents and establishes guidelines for standard electronic prescriptions.

The paper recommends that dental practices follow the National Council for Prescription Drug Programs Script Standard, which was created to facilitate the transfer of prescription data between pharmacies, prescribers, intermediaries and payers.

For more information about NCPDP, visit "www.ncpdp.org/pdf/Eprescribing_fact_sheet.pdf".

The ADA white paper is available at "www.ada.org/805.aspx". ■

"More brawn than beauty"

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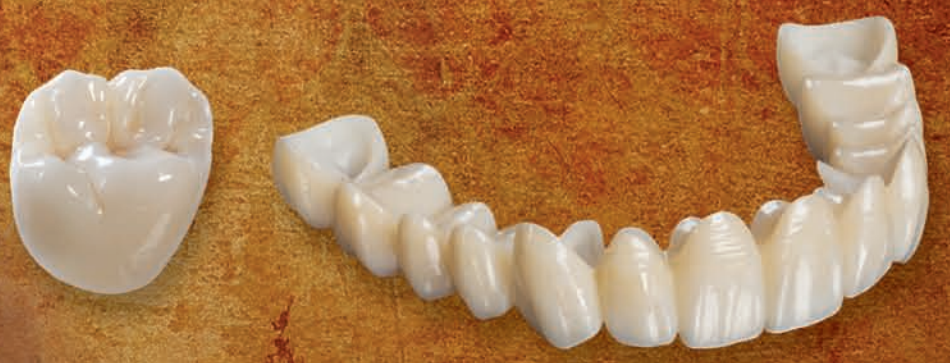
SOLID ZIRCONIA CROWNS & BRIDGES



- Ideal for bruxers who have destroyed natural teeth or previous dental restorations
- An esthetic alternative to metal occlusal PFMs and cast gold
- Conservatively prepare as thin as 0.5 mm with feather edge margins, much like you would cast gold

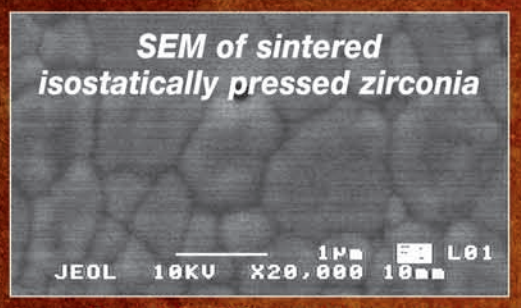
Authorized BruxZir® LABORATORY

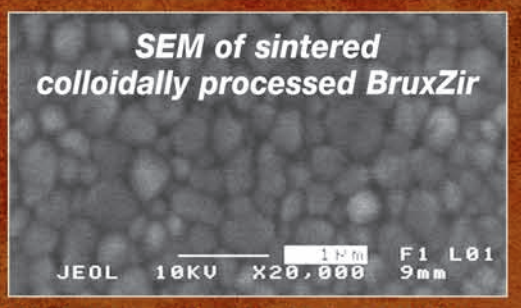
Authorized BruxZir Laboratories

LABORATORY	CITY	STATE	PHONE
Barksdale Dental Lab	Athens	AL	256-232-1772
Burdette Dental Lab Inc.	Birmingham	AL	800-624-5301
Oral Arts Dental Laboratories, Inc.	Huntsville	AL	800-354-2075
Parkway Dental Lab	Opelika	AL	800-239-3512
Scrimpshire Dental Studio	Huntsville	AL	800-633-2912
Walker Dental Laboratory, Inc.	Decatur	AL	800-727-0705
Green Dental Laboratories, Inc.	Heber Springs	AR	800-247-1365
Continental Dental Laboratory	Phoenix	AZ	800-695-0155
Dentek Dental Laboratory, Inc.	Scottsdale	AZ	877-433-6835
New West Dental Ceramics **	Lake Havasu City	AZ	800-321-1614
Van Hook Dental Studio	Tempe	AZ	800-987-4665
BDL Prosthetics **	Irvine	CA	800-411-9723
Burbank Dental Laboratory Inc. **	Burbank	CA	800-336-3053
Continental Dental Laboratories	Torrance	CA	800-443-8048
Creative Porcelain	Oakland	CA	800-470-4085
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482
Glidewell Laboratories **	Newport Beach	CA	800-854-7256
Great Smile Dental Lab	Northridge	CA	877-773-8815
Iverson Dental Laboratories	Riverside	CA	800-334-2057
Nash Dental Lab, Inc.	Temecula	CA	877-528-2522
NEO Milling Center	Cerritos	CA	562-404-4048
Nichols Dental Lab	Glendale	CA	800-936-8552
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
Perfect Smile Dental Ceramics, Inc.	San Diego	CA	877-729-5282
Precision Ceramics Dental Laboratory **	Montclair	CA	800-223-6322
Riverside Dental Ceramics **	Riverside	CA	800-321-9943
Robertson Dental Lab	Lompoc	CA	800-585-3111
Gnathodontics, Ltd.	Lakewood	CO	800-234-9515
Dodd Dental Laboratories	New Castle	DE	800-441-9005
Carlos Ceramics Dental Lab	Miami	FL	305-661-0260
DigiTech Dental Restorations	Doral	FL	888-336-1301
Fox Dental Laboratory	Tampa	FL	800-282-9054
Hennessy Dental Laboratory	Riviera Beach	FL	800-694-6862
Knight Dental Group	Oldsmar	FL	800-359-2043
TLC Dental Laboratory	Orlando	FL	800-262-2547
New Image Dental Laboratory **	Morrow	GA	800-233-6785
Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
Ridge Craft Dental Laboratory	Lagrange	GA	800-516-0281
The Lab 2000, Inc.	Columbus	GA	800-239-3947
Colonial Dental Studio	Davenport	IA	800-397-1311
Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
Artistic Dental Studio, Inc.	Bolingbrook	IL	800-755-0412
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Ottawa Dental Lab	Ottawa	IL	800-851-8239
Rockert Dental Studio	Wheaton	IL	800-665-1401
Vitality Dental Arts	Arlington Heights	IL	800-399-0705
Ito & Koby Dental Studio	Indianapolis	IN	800-288-6684
Keller Dental Laboratory	Louisville	KY	800-292-1894
Crown Dental Studio	Shreveport	LA	800-551-8157
Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
Apex Dental Milling	Ann Arbor	MI	866-755-4236
Dental Art Laboratories	Lansing	MI	800-444-3744
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Olson Dental Laboratory	Clinton Township	MI	800-482-3166
Excel Dental Studios Inc.	Minneapolis	MN	800-328-2568
Saber Dental Studio	Brooklyn Center	MN	800-264-3903
Thoele Dental Laboratory	Waite Park	MN	800-899-1115
Trachsel Dental Studio Inc.	Rochester	MN	800-831-2362
Webster Dental Laboratory	St. Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Keller Laboratories, Inc. **	Fenton	MO	800-325-3056

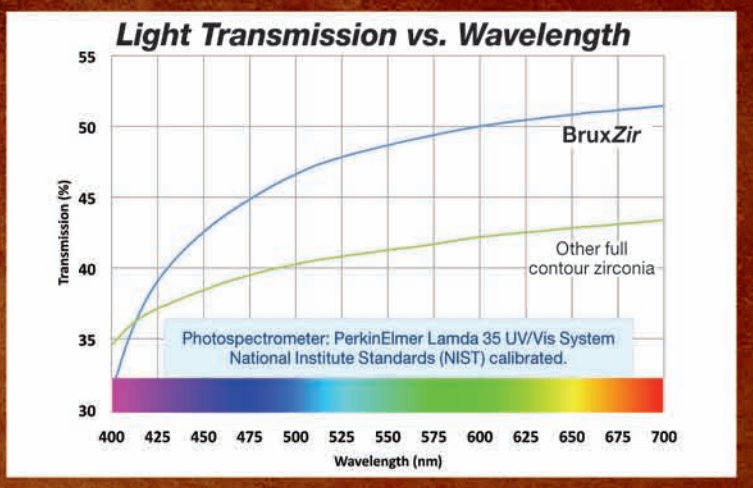
Scientific Validation

BruxZir Solid Zirconia crowns & bridges are made from the highest quality zirconia powder from Japan. We chemically and physically reprocess the powder to further reduce the zirconia particle sizes. BruxZir milling blanks are then created through a unique patent-pending process. Unlike conventional high-pressure milling blank manufacture, our processing gives BruxZir improved light transmission, which provides a lower, more natural shade value.



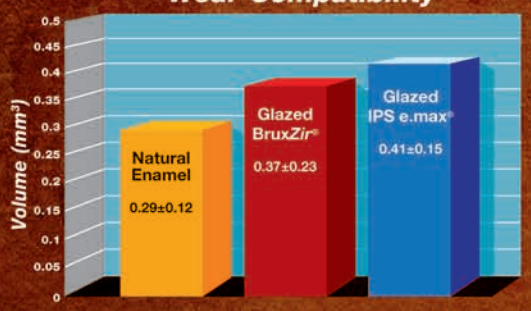


BruxZir's 50% smaller average grain size improves its physical properties.



BruxZir exhibits higher light transmission, resulting in a more natural shade value.

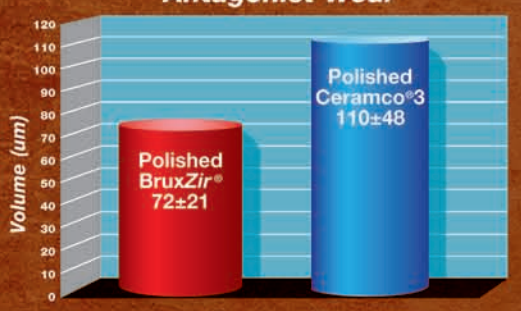
Wear Compatibility



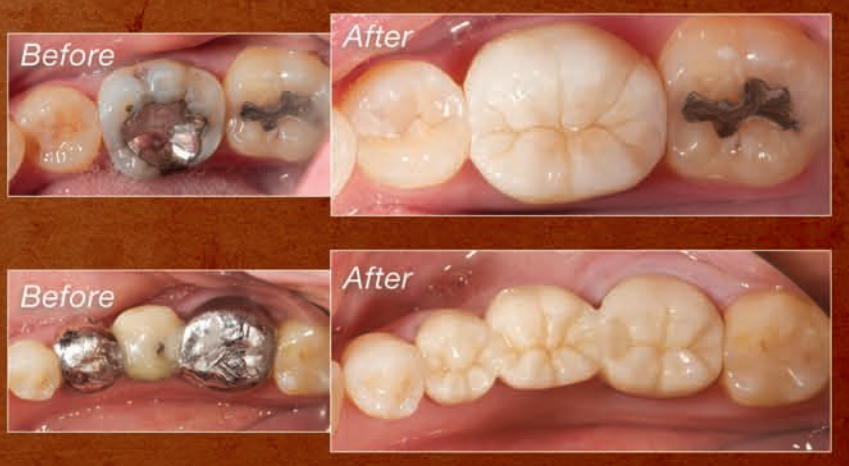
In a recent study[1] to measure the volumetric loss of enamel, glazed BruxZir was found to wear compatible with enamel and virtually identical to glazed IPS e.max.

1. Wear of Enamel on Polished and Glazed Zirconia: Shah S, Michelson C, Beck P, et al. 2010; Washington, DC: AADR. Abstract #129615.

Antagonist Wear



The antagonistic (Steatite balls) wear shows BruxZir only with 72±21 micron, which is significantly lower than Ceramco®3 (110±48 micron). The University of Tübingen study was run using an eight chamber Willytec Chewing Simulator at 1.2 million cycles.



Authorized BruxZir Laboratories

LABORATORY	CITY	STATE	PHONE
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
The Freeman Center	Stallings	NC	800-659-7636
Kiess Kraft Dental Laboratory	Omaha	NE	800-553-9522
H & O Dental Laboratory	Manchester	NH	800-543-4312
Excel Berger Dental Laboratory	North Brunswick	NJ	800-438-3384
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Las Vegas Digital Dental Solutions **	Las Vegas	NV	800-936-1848
Creo Dental	New York	NY	212-302-3860
MobileTek Dental Labs	New York	NY	917-747-7519
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Tooth Fairy Dental Lab	Findlay	OH	419-429-8181
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Applegate Dental Ceramics	Medford	OR	541-772-7729
Albensi Laboratories	Irwin	PA	800-734-3064
Fort Washington Dental Lab	Fort Washington	PA	215-628-4944
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Bauer Dental Studio	Mitchell	SD	800-952-3334
Peterman Dental Laboratory	Nashville	TN	800-476-1670
R•Dent Dental Laboratory	Bartlett	TN	877-733-6848
Rogers' Dental Laboratories	Athens	TN	800-278-6046
S & H Crown & Bridge Inc.	Knoxville	TN	888-506-1263
Wade Dental Ceramics	Maryville	TN	865-982-4324
Affordable Cosmetic Laboratories	Arlington	TX	817-792-3806
Crystal Dental Ceramics	Richardson	TX	972-680-1660
Dental Dynamics Laboratory Inc.	Arlington	TX	817-792-3000
Oral Designs Dental Laboratory, Inc.	San Antonio	TX	800-292-5516
Stern Empire Dental Laboratory	Houston	TX	800-229-0214
Stern Reed Associates Dental Laboratory	Addison	TX	800-888-8341
Stern Tyler Dental Laboratory	Tyler	TX	800-926-1318
Arrowhead Dental Laboratory	Sandy	UT	800-800-7200
Crystarr Dental Design	Salt Lake City	UT	800-343-2488
Evolution Dental Studio	Draper	UT	801-432-7446
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
Via Digital Solutions	Sandy	UT	888-484-6842
Art Dental Lab	Chantilly	VA	888-645-7541
Dominion Milling Center	Richmond	VA	877-285-5285
P & R Dental Lab Inc.	Alexandria	VA	703-916-8866
The Point Dental Studio, LLC	West Point	VA	804-337-5477
Saber Dental Studio	Waukesha	WI	800-365-3210
Midtown Dental Laboratory	Charleston	WV	800-992-3368
INTERNATIONAL SERVICING THE U.S.			
Smith-Sterling Dental Laboratories **	Cartago	Costa Rica	800-479-5203
Pacific Edge Dental Laboratories **	Baja Calif.	Mexico	800-889-9323
EPS Dental Studio	Cuernavaca, MO	Mexico	346-246-5203
CANADA			
Highland Dental Laboratory	Calgary, AB	Canada	800-504-3199
Hollywood Smiles Dental Laboratory Ltd.	Burnaby, BC	Canada	604-939-8118
Premium Dental Laboratories Ltd.	Burnaby, BC	Canada	604-294-2881
Protec Dental Laboratories Ltd. **	Vancouver, BC	Canada	800-663-5488
Impact Dental Laboratory	Ottawa, ON	Canada	800-668-4691
Carlton Dental Labs	Prince Albert, SK	Canada	800-667-5525
INTERNATIONAL			
Glidewell Europe GmbH	Kelkheim, Hesse	Germany	+49 6195 5077

**Also a Prismatik Clinical Zirconia™ Milling Center.

Spear Education speakers join Annual Session CE lineup

Las Vegas—Dental professionals can participate in the in-depth, hands-on learning offered by Spear Education at the ADA Annual Session Oct. 10-13, including an Education in the Round live patient education course.

"We are pleased that Drs. Frank Spear and Gregg Kinzer will present the EIR course, Active Clinical Treatment: the Art and Science, Oct. 11, from 2-5 p.m.," said Dr. Kent Percy, 2011 program chair for the Council on ADA Sessions. "They are two of six Spear speakers participating in the Annual Session. We're very excited about Spear's participation and know that these courses reflect the excellence that our attendees expect from our CE program."

ADA members and U.S. dental students will also be able to watch this EIR course (course 6402) via live webcast or watch the webcast after Annual Session, Dr. Percy added.

Dr. Lee Ann Brady and practice management expert Imtiaz Manji will also present the course, Creating Growth with Clinical and Value Excellence: Boosting the Bottom Line with Quality Care, Oct. 10, 10 a.m.-12:30 p.m. (course 5102).

"I'm looking forward to co-presenting this course," said Dr. Brady. "The combination of his practice consulting expertise and my perspectives as a clinician will provide an incredible opportunity for teams to take their practices to the next level."

Las Vegas
American Dental Association
ANNUAL SESSION
OCTOBER 10 – 13, 2011

Other Spear courses available include:

• Team Value for Patient Excellence: Optimizing Teamwork on High-Value Comprehensive Care by Dr. Lee Ann Brady and Imtiaz Manji, Oct. 10, 3-5:30 p.m., (course 5118);

• Fabricating the Anterior Bite Plane Appliance, a workshop presented by Dr. Gary DeWood, Oct. 10, 8-10:30 a.m. (course 5204) and repeated at 1-3:30 p.m. (course 5214);

• Material Selection and Preparation Design by Dr. Frank Spear, Oct. 11, 8-10:30 a.m. (course 6103);

• Posterior Preparations for CAD/CAM, a workshop presented by Drs. Lee Ann Brady, Gary DeWood and Steve Ratcliff, Oct. 11, 8-10:30 a.m. (course 6208) and repeated at 1-3:30 p.m. (course 6218);

• I Made It Pretty: Why Did It Break? a workshop presented by Dr. Steve Ratcliff, Oct. 12, 8-10:30 a.m. (course 7207) and repeated at 1-3:30 p.m. (course 7217).

"The ADA Annual Session is an important resource for dental clinicians of all specialties," said Dr. Frank Spear, founder and director of the Scottsdale, Ariz.-based Spear Education. "The meeting will be a wonderful opportunity to meet and learn from leaders in our industry and to see advances in products and technology."

For more information on these and other annual session CE courses, visit "ada.org/session." ■

Just added

Seven new courses available for Annual Session registrants

Las Vegas—The Council on ADA Sessions has added seven more courses to the continuing education lineup for the Annual Session Oct. 10-13 at the Mandalay Bay Convention Center.

Registrants can choose from nearly 260 CE courses available for dentists, dental assistants, dental hygienists, dental lab technicians, dental office managers and others. New courses include:

• Current Concepts in Endodontics by Dr. George Bruder, Oct. 10, 10 a.m.-12:30 p.m., course 5310;

• Implant Diagnosis and Restorative Treatment Planning by Dr. Barry Goldenberg, Oct. 11, 10 a.m.-12:30 p.m., course 6313;

• Medical Management of the Oral and Maxillofacial Surgery Patient by Dr. Steven Roser, Oct. 12, 2-4 p.m., course 7319;

• Optimize Your Practice: Understanding the Code by Drs. C. Celeste Coggin and James Richeson, Oct. 12, 2-5:30 p.m., course 7322;

• Interdisciplinary Esthetic Dentistry and Orthodontics in Optimal Treatment of Dentofacial Dilemmas by Dr. Richard Roblee, Oct. 12, 2-4:30 p.m., course 7325;

• Recognizing and Restoring Occlusal Stability by Dr. Jonathan Wiens, Oct. 12, 8-10:30 a.m., course 7304;

• Teamwork: Dentists and Dental Laboratory Technicians Can Enhance Patient Care and Reduce Remakes by Dr. Nelson Rego, Oct. 13, 8-10:30 a.m., course 8302.

The 2011 CE lineup features some of the most popular presenters on the lecture circuit, including Drs. L. Stephen Buchanan, Paul Child Jr., Gordon Christensen, Wynn Okuda, Frank Spear, Jon Suzuki and Corky Willhite. Courses cover a wide range of hot topics for dental professionals, including esthetic dentistry, forensics, implants, oral pathology and preventive dentistry.

Log on to "ada.org/session" to search for courses by topic, course code, speaker or date. Speaker bios and short descriptions for each course are available. Users can register for Annual Session and CE courses or add courses to an existing registration. Register before Sept. 9 to get the lowest rates for fee courses. ■

From head to toe

Alliance to collect care kits at Annual Session

Las Vegas—Annual Session-goers can make a difference in the lives of developmentally challenged individuals or families in crisis by donating to an Alliance of the ADA service project.

With the theme, "We Care for You from Head to Toe," the AADA project gives everyone attending the ADA Annual Session Oct. 10-13 a chance to donate care kits that contain a new hat, a pair of socks and a toothbrush for clients of two not-for-profit organizations that serve Las Vegas citizens in need: Opportunity Village, an organization that serves people with intellectual disabilities, and The Shade Tree, a shelter for women, children and their pets. Dentists, dental assistants, dental hygienists, dental laboratory technicians, students, family and friends attending the ADA meeting can participate in the effort.

Donors are asked to fill a zip-top bag with a hat, a pair of socks and a toothbrush and bring it to the MGM Grand hotel. Alliance members will be there to receive kits Monday, Oct. 10, 8:30 a.m.-4 p.m. and Tuesday, Oct. 11, 8:30 a.m.-3 p.m.

"Alliance members will be at the MGM Grand near the pool lobby and walkway. They will be wearing bright yellow aprons and will be ready to receive your contributions with a grand smile," said Johanna Manasse, member of the Alliance Membership Council.

Photo by Rob Sigler Photography

From Head To Toe: Christina Peppy, 8-year-old daughter of Alliance of the ADA District 1 Trustee Kristie Peppy of Jamestown, N.Y., gets in the spirit of the AADA's upcoming service project with an array of hats, socks and toothbrushes.

Donors can also choose to make a contribution of $10 or more to support the project.

For more details on the initiative, visit the Alliance website, "www.allianceada.org". ■

David C. Anderson, D.D.S.

Continued from page six

Association
• Delegate, ADA House of Delegates
• Founder, Northern Virginia Mission of Mercy

What are the three most critical issues facing dentistry today?
Frankly, I do not believe this to be an appropriate question for a Speaker because a Speaker should create a House in which all positions are heard without prejudice. That said, I believe they are: government intrusion, insurance companies going "out of bounds" and ADA internal fracturing.

What are your three main goals if elected?
To present a House that is inviting to all points of view; streamline to achieve more time on product (debate) and less time on process; integrate electronic communications so all members will want to participate.

What are your main qualifications for the office you seek?
I have the temperament, skill and experience as Speaker of the House of the Virginia Dental Association. I have been tasked to rework the bylaws of my constituent and component societies. My peers believe in my ability to make the House inviting and comfortable, and as a result we achieve our business.

Why do you want to be an ADA officer?
I have a firm desire to help the profession that has given so much to me. To facilitate the body that governs the profession would be the ultimate challenge and honor.

J. Thomas Soliday, D.D.S.

Continued from page six

held in organized dentistry:
• Speaker, ADA House of Delegates, 2003-11
• Speaker, AAOMS HOD, 1994-2003
• Delegate, ADA, 1991-2002
• President, Maryland State Dental Association, 1990-91
• President, Southern Maryland Dental Association, 1988-89

What are the three most critical issues facing dentistry today? Access to oral health care for the disadvantaged populations both financially and in remote areas; faculty shortage in dental schools to properly educate future dentists; image of dentistry as the leading source of oral health information and research.

What are your three main goals if elected?
To increase the efficiency of the HOD by developing an electronic meeting over the next few years; increase the quality of HOD mega-session discussions through delegate feedback ideas; continue to teach new delegates and alternates in parliamentary procedures so they can participate more effectively in HOD.

What are your main qualifications for the office you seek? Incumbent speaker of the ADA House of Delegates; speaker of AAOMS House of Delegates for eight years; ALP Revision Committee for the 4th Edition and 5th Edition of Sturgis Standard Code of Parliamentary Procedures; certified instructor in parliamentary procedures.

Why do you want to be an ADA officer? I want to apply my knowledge and experience to the governing process of the ADA to help increase the effectiveness of the leading dental organization in the world.

WyDA campaign tries to raise public opinion of dentistry

Wyoming's public relations efforts come together through the ADA SPA program

Government

BY KELLY SODERLUND

Cheyenne, Wyo.—In a state with nearly 98,000 square miles of sprawling land, people are almost forced to keep to themselves.

The drive between towns can be hours. The distance between dental offices the same.

So it shouldn't be surprising that Wyoming dentists were out of touch when it came to understanding where they stood in the eye of the public. Three years ago, it wasn't very good.

"I think dentists in Wyoming had their eyes opened a few years ago when they didn't sit as high," said Dr. Bradley Kincheloe, president of the Wyoming Dental Association.

But a lot has changed since 2008. And much of it has to do with the aggressive campaign launched by the WyDA with the help of the American Dental Association's State Public Affairs Program.

"It's just been a peace of mind for the dentists in Wyoming to know that the SPA program was available and that we used it to the fullest," said Diane Bouzis, WyDA executive director.

Wyoming's story begins in 2006.

For nine years prior, the issue of denturism had laid dormant in Wyoming. The WyDA fought hard in 1997 against a bill that would allow denturists to make, place and sell dentures directly to the public.

A denturist is typically a dental laboratory technician who has not received any formal education to perform dental procedures. Wyoming dentists believe there is more to providing dentures than just teeth; it's about being able to diagnose dental disease, oral cancers and provisions for better oral health.

The bill failed and the issue went away.

But denturism resurfaced in 2006. And the debate seemed more intense than in years prior.

"With that in mind, we knew we needed to get some good direction, some good PR and soon after the State Public Affairs Program started with the ADA," Ms. Bouzis said.

The WyDA applied to be part of the ADA's SPA program in 2007, which started that year as a way for the Association to support state societies in developing their legislative agendas and public affairs initiatives. To date, 34 dental societies have participated in the program.

The ADA funding allowed the WyDA to hire Brimmer Communications, a Wyoming public relations firm, to lead their charge. One of Brimmer's first tasks was to conduct public focus groups to determine how people felt about dentists. The result was not good.

While dentists were continuing their work as solo practitioners and small business owners in their offices, unbeknownst to them, public opinion of them was waning. Specifically, a significant portion of the population did not identify dentists as medical authorities, said Liz Brimmer, president of Brimmer Communications.

"I guess it was surprising to many that public opinion of dentistry wasn't that high," Ms. Bouzis said.

The WyDA and Brimmer sprung into action. The two groups crafted a series of public service announcements for TV and print publications—titled "Your Teeth, Your Health, For Life"—which were timed to saturate the market leading up to the beginning of the legislative session in 2009. Individual copies of the public service announcements were passed on to each legislator and member of the governor's administration, Brimmer said.

The WDA was successful in defeating the denturism bill in 2006 but it resurfaced in 2007. And 2008. And every year ever since.

So the public relations campaign had to be more of a long-term strategy, not just for one legislative session.

"With any deployment that's expected to be effective, there needs to be a tightly coordinated campaign so that the outcomes are achievable," Ms. Brimmer said. "The key outcome was to shift public opinion and that's not always easy. That's not going to be done by one op-ed. It's not one single press release that's going to do it. You need to walk your talk."

And they did.

The two groups crafted a bill in 2009 called the Oral Health Initiative that funded a study of oral health in Wyoming. It also provided $50,000 to conduct oral health screenings for third-grade students and senior citizens. The bill's passage and volunteer efforts on behalf of the dentists overshadowed the denturism issue and allowed legislators and the public to focus on oral health as a whole.

"The bill helped deflect what votes might have otherwise gone to denturism as an expression of concern for oral health," WyDA officials wrote in their application for the 2011 SPA program.

All of their efforts were to not only provide better oral health care for Wyoming residents but to change the public's opinion about what it means to be a dentist. As Brimmer puts it, "We wanted to put the doc back in dentist."

Having the money to hire Brimmer Communications and the guidance of the ADA SPA program allowed the WyDA to handily defeat denturism every year.

"All of this would not have been possible if we had not had this group. The SPA program, there's a lot of strength behind it, a lot of focus and they give great direction," Ms. Bouzis said.

This past legislative session, the WyDA was even able to get noncovered services legislation passed quite easily and defeat another denturism bill, Ms. Bouzis said.

"Our extreme success in the past legislative year came from the groundwork laid in the previous two to three years," Dr. Kincheloe said. On behalf of their legislative success, the WyDA won a grassroots award from the American Dental Political Action Committee at the Washington Leadership Conference in May.

Funding from the SPA program ended June 30 but the WyDA can reapply should something else arise, Ms. Bouzis said. Ms. Brimmer credits not only the ADA but the passion of Wyoming dentists.

"These are campaigns like any other campaign, whether it's a political campaign, an ad campaign, a legislative campaign," Ms. Brimmer said. "Wyoming dentists won. And they won because they were very smart, very positive and they gave the public affairs program a chance to succeed and it did." ■

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IOM

Continued from page one

care because of "persistent and systemic" barriers that disproportionately affect children, seniors, minorities and other vulnerable populations and recommends changing funding and reimbursement for dental care; expanding the oral health workforce by training physicians, nurses and other nondental professionals to recognize risk for oral diseases; and revamping regulatory, educational and administrative practices.

The committee's summary emphasizes that complex and numerous barriers to access include social, cultural, economic, structural and geographic factors, citing that:

- In 2008, 4.6 million children did not obtain needed dental care because their families could not afford it.
- In 2011, there were approximately 33.3 million unserved individuals living in dental health professional shortage areas.
- In 2006, only 38 percent of retired individuals had dental coverage.

"Oral health care is one of those dimensions of our health care delivery system in which striking disparities exist," said Frederick P. Rivara, M.D., M.P.H, committee chair, in the report preface. "More than half of the population does not visit a dentist each year. Poor and minority children are substantially less likely to have access to oral health care than are their nonpoor and nonminority peers.

"Americans living in rural areas have poorer oral health status and more unmet dental needs than their urban counterparts," he continued. "Older adults, especially those living in long-term care facilities, have a high prevalence of oral health problems and difficulty accessing care by individuals trained in their special needs. Disabled individuals uniformly confront access barriers, regardless of their financial resources."

Dr. Rivara, Seattle Children's Guild Endowed Chair in Pediatrics and professor of pediatrics, University of Washington School of Medicine, stressed that the consequences of these disparities "have a strong influence not only on oral health but on overall health as well."

The report covers other issues including oral health status and utilization; workforce; oral health care settings; expenditures and financing and overall conclusions and a vision for improving access to care.

Recommendations call on the Health Resources and Services Administration to work with the public and private sectors to integrate oral health care into overall health care and to dedicate Title VII funding to increase recruitment of dental professional students from underrepresented minority, lower income and rural populations, and to develop community-based education rotations, dental residencies and training for treating underserved and vulnerable populations.

The report also asks state legislatures to amend state laws and practice acts to maximize access to care and asks states to set Medicaid and Children's Health Insurance Program reimbursement rates at a level that increases provider participation in publicly funded programs and to provide case management services and streamlined administrative processes.

The report asks Congress, the Department of Health and Human Services, federal agencies and private foundations to fund oral health research and evaluation related to underserved and vulnerable populations, including new methods and technologies (e.g., nontraditional settings, nondental professionals, new types of dental professionals and telehealth); measures of access, quality and outcomes; and payment and regulatory systems.

The report further recommends that HRSA should expand the capacity of federally qualified health centers to deliver essential oral health services.

The study was sponsored by HRSA and the California HealthCare Foundation. ■

—croziers@ada.org

Dr. Gist, ADA president, issues statement on IOM report

The ADA July 13 released this statement by ADA President Raymond Gist on the IOM report, "Improving Access to Oral Health Care for the Vulnerable and Underserved Populations":

"We welcome the IOM's ambitious 243-page report on ways to improve the nation's oral health care delivery system, and we look forward to reviewing it in greater detail. Based on the report's summary, we agree wholeheartedly with many of its recommendations. In fact, many of them reflect policies and programs that the ADA has had in place for years.

"We have long said that Medicaid funding and administration must be improved and that adults must be covered. Federal and state governments must take steps to make it possible for the private practice community to increase dramatically its role in the oral health safety net. The federal government should increase its support for dental education, especially residency programs, and dental students, residents and faculty must be fully utilized in providing safety net care. And increased nonclinical support services, such as those provided by the ADA's Community Dental Health Coordinator, are critical to a comprehensive system of care.

"To best accomplish these goals, governments, foundations and other stakeholders must include the private practice community at all stages of developing their policies and policy recommendations. Only about 2 percent of the nation's dentists work in full-time safety net capacities. The vast majority work in private practice and this is unlikely to change in the foreseeable future. Private practice dentists will continue to provide the majority of hands-on care to vulnerable populations.

"The IOM report mentions—without making recommendations—various dental workforce innovations that are either under way or under discussion. The ADA continues to support exploring new ways to maximize the efficiency of the team system of delivering dental care. Our Community Dental Health Coordinator project is one example of this. However, we must restate our opposition to allowing so-called midlevel providers, to diagnose disease or perform such surgical/irreversible procedures as extractions. Everyone deserves a dentist.

"Virtually every shortcoming in the safety net has at its root a failure to understand or value oral health. When people, whether lawmakers, the media or the general public, understand oral health and the consequences of oral disease, their attitudes and priorities change. Awareness is on the rise, but we have far to go before Americans know enough to make the personal and policy decisions that ultimately will create a real safety net, one that prevents disease and restores oral health in people who seek healthier and more productive lives. We welcome the Institute of Medicine's lending its considerable influence to our long-standing efforts to achieve that goal." ■

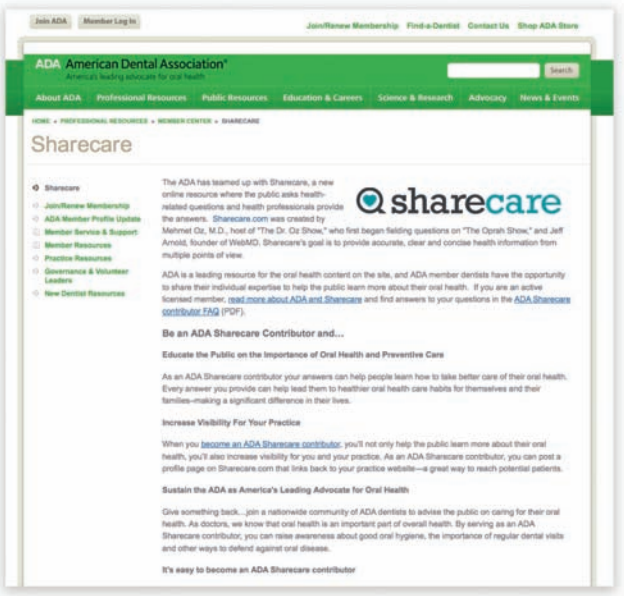
Apply to be a Sharecare contributor

BY KELLY SODERLUND

The American Dental Association is encouraging active licensed members to submit applications to be ADA Sharecare contributors on Sharecare's website.

After receiving approval from the Board of Trustees, the ADA announced in April it was entering into an agreement with Sharecare (see story, "www.ada.org/news/5738.aspx"). The ADA will be a leading resource for the oral health content on the site, and members can apply to be ADA Sharecare contributors at "ada.org/sharecare".

The ADA already has its own page on the Sharecare website, ("www.sharecare.com/group/american-dental-association"), where consumers can find the answers to numerous questions about oral health. Sharecare was co-created by Mehmet Oz, M.D., a physician who first began fielding questions on "The Oprah Show" and now hosts "The Dr. Oz Show," and Jeff Arnold, founder of WebMD. The goal of Sharecare, which launched in 2010, is to provide accurate, clear and concise health information from multiple points of view.



ADA Sharecare contributors can create their own profile page on the Sharecare website and can link to their practice websites. The ADA leadership believes it's a good way for dentists to market their practice to potential patients who view their answers and profile on Sharecare.com.

It's also a way for dentists to help the public learn more about oral health and the importance of receiving regular dental checkups.

"I encourage dentists who are interested in providing accurate and up-to-date information on oral health to apply to be ADA Sharecare contributors," said ADA President Raymond Gist. "Members who are involved with Sharecare help the ADA fulfill its second strategic goal of being the trusted resource for oral health information that will help people be good stewards of their own oral health."

ADA Sharecare contributors will receive the ADA group number and be listed as members on the ADA's profile page.

There are three levels of ADA contributors on Sharecare.com:

• Answers that feature the green ADA logo come from ADA Headquarters in Chicago and will be featured in the top three answers to the posed question.

• Member dentists with the ADA logo on their profile pictures are official ADA spokespersons authorized by the Board of Trustees who answer on behalf of the ADA.

• Member dentists with profile pictures only are active ADA licensed dentists who submitted a form to the ADA to become contributors and were provided with the ADA group number. These dentists provide answers based on their personal experience and level of expertise.

To apply to be an ADA Sharecare contributor, visit "ada.org/sharecare" and complete the ADA Sharecare Contributor form, receive the ADA group Sharecare number and link to the brief Become an Expert application on Sharecare's website. Sharecare will send an email if the application is approved. ■

—soderlundk@ada.org

Dentists sought for Jamaican mission trips

Ocho Rios, Jamaica—Great Shape Inc. seeks volunteer dental professionals to participate in the world's largest international humanitarian dental project.

Great Shape, Sandals Resorts International and the Jamaican Ministry of Health collaborate for the 1000 Smiles project to provide free dental care and education in rural schools and health clinics to some 15,000 people in Jamaica every year. The 1000 Smiles project enlists the help of more than 200 volunteers who provide care in areas that have one dentist for every 100,000 people. This year the project will launch a new program to deliver sealants to hundreds of children in rural Jamaica.

Volunteers pay a tax deductible program fee of $700 and their airfare to Jamaica, and receive free housing, food and ground transport from Sandals. Volunteers are also asked to buy or solicit donations for all supplies needed to serve 75 patients per week.

One- and two-week missions are available. Program dates are Sept. 23-Oct. 1, Ocho Rios; Oct. 14-30, Montego Bay; and Nov. 4-21, Whitehouse.

For more information, visit "www.gsjamaica.org" or call 1-510-893-1751.

To learn more about international volunteer opportunities, call the ADA Division of Global Affairs 1-312-440-2726, email "international@ada.org" or visit the website "http://internationalvolunteer.ada.org". ■

Airfare deals available for FDI World Congress

Mexico City—Travelers who fly on American Airlines to attend the FDI World Dental Congress between Sept. 10 and Sept. 20 can save 10 percent on any published fare to Mexico City.

Tickets must be issued through "www.aa.com" or from any American Airlines ticket or reservations office. Passengers booking online must use the promotion code 2491AS. The authorization number for the promotion is A2491AS and the contract ID is HAP1504111259.

For more details on the Congress, visit "www.fdi2011.org" or call the ADA Division of Global Affairs, Ext. 2726. ■

Ad Council

Continued from page one

that we can all work together for a common good when the cause is critical," said Gary Price, chief executive officer of the Dental Trade Alliance and a board member of the DTA Foundation, a partnership member. "And what better good could there be than elimination of mouth disease. The DTA Foundation is honored to have been at the forefront of this effort. Our opportunity to work with the Ad Council will be a turning point for our community. Working together we can bring about healthy mouths and healthy lives."

The campaign speaks to the American Dental Association strategic plan goal of being the trusted resource for oral health information that will help people be good stewards of their own oral health, said Dr. Kathleen O'Loughlin, executive director of the ADA, also a partnership member. "Prevention and caregiver education are key aspects toward stemming the tide of serious childhood disease."

Mr. Price and Dr. O'Loughlin presented the proposal to the Ad Council on behalf of the Partnership for Healthy Mouths, Healthy Lives, which also includes these members: Academy of General Dentistry; American Academy of Oral and Maxillofacial Pathology; American Academy of Pediatric Dentistry; American Academy of Periodontology; American Association for Dental Research; American Association of Oral and Maxillofacial Surgeons; American Association of Orthodontists; American Association of Public Health Dentistry; American Association of Women Dentists; American College of Prosthodontists; American Dental Education Association; Association of State and Territorial Dental Directors; California Dental Association; Hispanic Dental Association; Medicaid SCHIP Dental Association; National Dental Association; National Network for Oral Health Access; Oral Health America; Organization for Safety, Asepsis and Prevention; Society of American Indian Dentists; and the U.S. Department of Health and Human Services Office of Minority Health.

The campaign speaks to the American Dental Association strategic plan goal of being the trusted resource for oral health information that will help people be good stewards of their own oral health.

The purpose of the ad campaign as described to the Ad Council is to improve children's oral health so they can develop into healthy, productive adults.

The coalition told the Ad Council that the problem is manifold:

• Dental disease impacts a child's ability to learn, to develop self-esteem, to speak properly;

• 51 million school hours are lost annually due to dental problems;

• The mouth is the gateway to a person's overall health, and an unhealthy mouth can be linked to obesity, diabetes and even heart disease;

• Unhealthy children become unhealthy adults.

The goal is to improve children's oral health:

• Raise awareness of parents and caregivers;

• Provide oral health education to parents and caregivers;

• Enable parents and caregivers to take control and modify behaviors through simple low cost preventive strategies:

- Get children preventive care and needed treatment;

- Increase utilization of the care safety net, volunteer and school-based efforts and care provided by coalition members.

The proposed message for parents and caregivers:

• Take charge of your child's oral health;

• This is a preventable disease;

• Your child will:

- Feel better and avoid pain;
- Have better self-esteem;
- Learn better;
- Better nutrition;
- Be healthier overall.

• Every child deserves a healthy smile.

The campaign is slated to begin appearing in national media and on a customized website in 2012.

The Ad Council's iconic slogans from previous campaigns include Smokey Bear's "Only You Can Prevent Forest Fires," The Crash Test Dummies' "You Could Learn A Lot From A Dummy," McGruff the Crime Dog's "Take A Bite Out Of Crime," "Friends Don't Let Friends Drive Drunk" and "A Mind Is A Terrible Thing To Waste." The Ad Council initiated public service advertising in 1942. ■

—palmerc@ada.org

CORRECTION

Chase Paymentech, the only credit card processing provider endorsed by ADA Business Resources, may be reached at 1-800-618-1666. The July 11 ADA News misprinted the phone number in the article, "Chase Paymentech Offers Free Processing Cost Comparisons," which explained that dental practices may compare what they are currently paying to the rates that Chase Paymentech offers, which could save up to $1,000 a year. For more information, call 1-800-618-1666 or visit Chase Paymentech online at "www.bestpaymentprocessing.com/ada". ■

FTC

Continued from page one

those services … as well as from prohibiting, restricting, impeding or discouraging the provision of such goods and services." The decision is subject to review by the full commission.

Dental board attorney Noel Allen said the board will appeal the order to the commission and, if necessary, to a federal appeals court. "The unprecedented decision overrides North Carolina's long-established right to define and regulate the practice of dentistry for our citizens," he said. "It also poses a challenge to dozens of other North Carolina state agencies, such as the boards governing attorneys, physicians and nurses, which routinely enforce statutes restricting the practice of law, medicine and nursing to persons who have the training and education that the legislature has determined is necessary to protect the public."

Judge Chappell's initial decision examined "the relevant market in which to evaluate the conduct of the dental board" and said it comprises services provided by dentists in clinical settings and nondentists in mall kiosks, spas, retail stores and salons. "The product market is the provision of teeth whitening services by dentists and nondentists and does not include self-administered whitening products," he said in a 136-page proposed order. "The evidence … establishes that dentists and nondentist teeth whitening services are viewed by consumers as performing the same function—effective teeth-whitening performed in one session—and, thus, are reasonably interchangeable. Dentists and nondentist providers also view themselves as offering comparable services," he said.

"The evidence also establishes that self-administered teeth whitening products are not reasonably interchangeable with dentist and nondentist providers of teeth whitening services because the products do not achieve the same results sought by consumers. Accordingly, the relevant market in which to assess the challenged restraint of trade is the provision of teeth whitening services in North Carolina."

The FTC filed a complaint June 17, 2010, alleging illegal conduct by the dental board in attempting to exclude nondentists from competing with dentists in providing teeth whitening services. Judge Chappell presided at a Feb. 17-March 16 administrative trial. More than 800 exhibits were admitted, 16 witnesses testified and the trial transcript included 3,047 pages. The FTC July 19 posted the July 14 decision online, which initiated the appeals process.

"Complaint counsel has demonstrated by preponderance of the evidence that dentist members of the board had a common scheme or design, and hence an agreement, to exclude nondentists from the market for teeth whitening services and to deter potential providers of teeth whitening services from entering the market," the judge concluded.

Mr. Allen said the FTC filed the complaint "after teeth-whitening officials sought to disrupt the dental board's efforts to clamp down on illegal teeth whitening services in malls, spas and salons."

It is "ironic that the FTC, a federal agency established to protect consumers, has been goaded into action by self-serving teeth whitening industry representatives who want to prevent the dental board from protecting consumers," Mr. Allen said.

Judge Chappell's order, if approved by the full commission, "requires the board to cease and desist from directing a nondentist teeth whitening provider to cease providing teeth whitening services, or teeth whitening goods provided in conjunction with those services." He rejected as "overbroad" language that FTC counsel recommended to prohibit the board from engaging in any action that restrains, inhibits, deters or otherwise excludes the provision of teeth whitening goods or services.

"Accordingly, the order does not prohibit communicating that a nondentist provider 'may be' violating the [North Carolina] Dental Practice Act," he said, adding that nothing in the order prohibits the board from engaging in certain conduct and communications such as investigating a nondentist provider for suspected violations of the dental practice act.

"This additional provision is necessary to give full effect to the rights retained by the board to investigate, issue notifications and pursue bona fide remedies regarding teeth whitening goods and services," Judge Chappell said. ■

—palmerc@ada.org

Course aimed at minimal, moderate sedation providers

There are slots available for the Part 2 workshop of the ADA continuing education course, Recognition and Management of Complications During Minimal and Moderate Sedation.

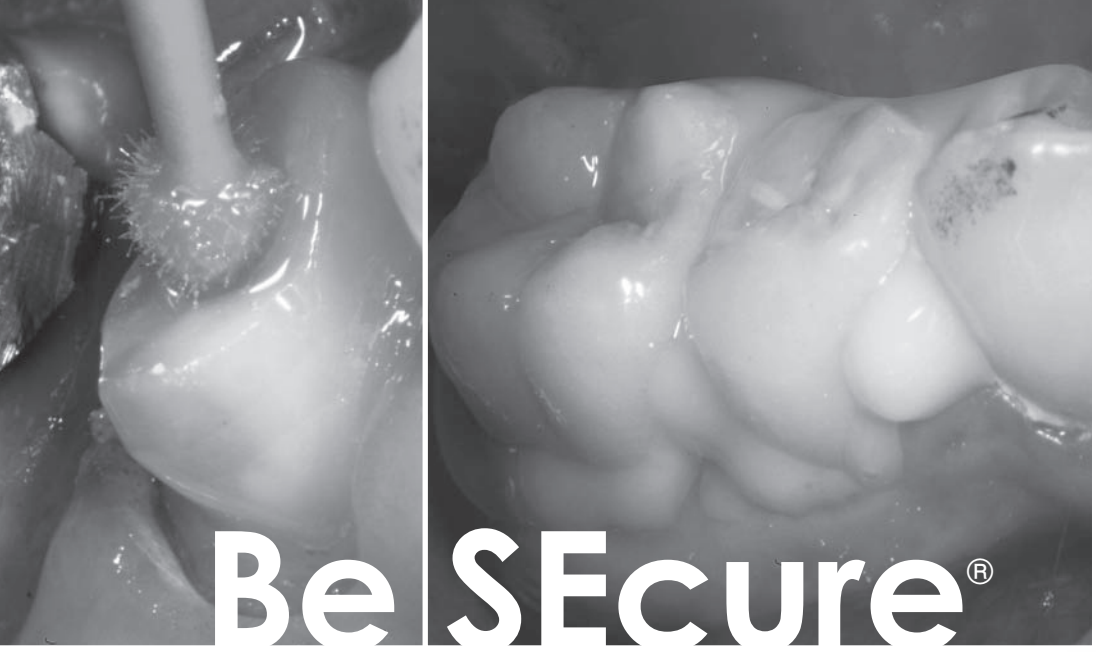
The course is being offered only one time this year: Oct. 27-28 at ADA Headquarters in Chicago.

Designed for dentists who provide sedation, the course emphasizes patient monitoring and airway management. Part 2 is a hands-on session using high-fidelity human simulators that are programmed to mimic emergency situations that a dentist administering sedation could actually face in the office, such as severe asthma, airway obstruction and respiratory depression.

Course faculty are Dr. James Phero (director), Dr. Morton Rosenberg, Dr. Kenneth Reed, Dr. Mike Edwards, Dr. Steven Schimmele, Dr. Peter Tan and Dr. Jimmy Tom.

Part 1 is a didactic portion that dentists take on their own on ADA CE Online at "www.adaceonline.org". Part 1 must be completed prior to attending the Part 2 workshop.

Registration forms are online at "www.ada.org/5609.aspx". For more information, call Ext. 2694. ■



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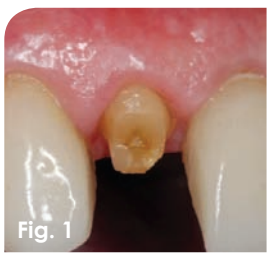
About Your Restorative Work.

SEcure® has proven time and again—both clinically and in laboratory testing—to provide strong bonds to dentin AND enamel, and prevent marginal leakage. The unique formula of the system's low viscosity, self-etch primer quickly penetrates and permeates cut dentin and enamel, and prepares an optimal surface for the strong, biocompatible resin cement to bond to. This brief step (a 20-second application process), allows dentists to enjoy all the benefits of existing cementation systems, but with far more reliability and a lot less compromise.

- **FLOWS EFFORTLESSLY**
  Due to the SEcure primer's extremely low viscosity, it flows evenly across the surface to completely permeate the dentin and enamel and prepare it for cementation.
- **CURES QUICKLY**
  SEcure is dual-cure, so you can light-cure it in about 40 seconds or let it self-cure in roughly 2½ minutes. Either way, it sets completely, even down post holes and places otherwise unreachable with a curing light.
- **NO POST-OP SENSITIVITY**
  SEcure's 4-META chemistry gives it extraordinary sealing ability, effectively protecting against marginal leakage and post-op sensitivity.
- **SIMPLE CLEAN-UP**
  After applying SEcure, excess can be removed quickly and easily from a restoration.



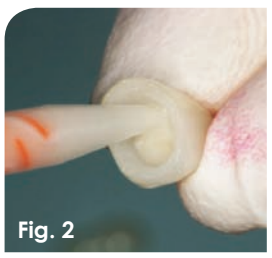
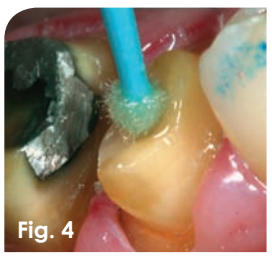


Figure 1: The patient presented with a fractured abutment on the upper right lateral incisor, and a well-matched porcelain crown in their hand. **Figure 2:** The tooth surface was conditioned with an application of SEcure Self-etch Primer, and SEcure Adhesive Resin Cement was placed directly into the silanated prosthesis. **Figure 3:** SEcure's quick clean-up at the margins resulted in a repair that is both aesthetic and strong.

(Figures 1-3 courtesy of Dr. Rob Ritter, Jupiter, FL. Figures 4-6 courtesy of Dr. Robert A. Lowe, Charlotte, NC.)



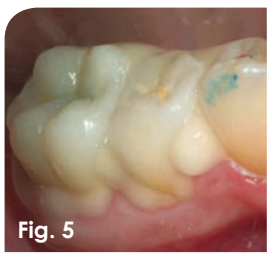


Figure 4: Application of SEcure's 4-META-based Self-Etch Primer prepares an optimal surface for the resin cement to bond to. **Figure 5:** SEcure flows effortlessly out of its auto-mix syringe, to provide simple, complete seating of prostheses. **Figure 6:** Excess cement peels off cleanly, without scraping or grinding, for aesthetically pleasing final results.

ATTENTION BRUSH&BOND® USERS!

Good news—if you already use Brush&Bond, there's no need to order the SEcure primer. SEcure works beautifully with Brush&Bond. Just order a refill resin cement syringe and you're good to go! **See ordering info on right.**

To Order:

Online at www.parkell.com or call 1-800-243-7446

- **SEcure® Adhesive Cement System** (S270) **$164.99**
  Kit includes one self-etch primer (3ml); one syringe of translucent shade dual-cure resin cement (9g); applicator brushes; 10 mixing tips; and one mixing well.
- **Brush&Bond® Self-Etching Dentin/Enamel Composite Bonding Agent with Standard Activator Brushes** (S284) **$114.99**
  Contains Brush&Bond liquid (3ml) plus 100 Standard Activator Brushes.

Refills:

- **SEcure Self-etch Primer** (S271) **$61.99**
  Includes one bottle (3ml).
- **SEcure Dual-Cure Resin Cement** **$104.99**
  Translucent Shade (S272) • **White Opaque Shade** (S273) • **Dentin Shade** (S274)
  Includes one (9g) syringe, plus 10 mixing tips.
- **30 Mixing Tips** (S275) **$20.99**

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