10-3-2011

ADA News - 10/03/2011

American Dental Association, Publishing Division

Dr. Calnon, Part 2, page 12 ◆ Distinguished Service Award, page 18

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

OCTOBER 3, 2011 VOLUME 42 NO. 18

Health exchanges

Coalition seeks dental input at state level

BY CRAIG PALMER

Washington—The health insurance exchanges scheduled to open for business in 2014 should maximize competition among dental plans and assure transparency in benefits information, a coalition of national dental organizations will tell the Obama administration, which is writing rules for employers, insurers and the states.

ADA/NADP share perspective on front office staff, page 20

Asserting a professional voice in a process that has little public resonance to date, the coalition will urge state and federal officials to engage state dental societies in the "early development" of the exchanges and as advisers on patient protections, access to care

See EXCHANGES, page seven

Photo by CG Taylor

NDA: Some 90 exhibitors were on hand at the National Dental Association's 98th Annual Convention this summer. The NDA awarded ADA President Ray Gist a Legend Award. Story, page 10.

Puerto Rico Colegio sues insurers

BY KELLY SODERLUND

San Juan, Puerto Rico—The Puerto Rico College of Dental Surgeons (the Colegio) has filed a $150 million class action lawsuit against most of the insurance companies in Puerto Rico, alleging that dentists have been paid late or not at all, were not paid interest and that services were downcoded or bundled, among other allegations.

NLRB regulation, page six

Dr. Thomas Medina, president of the Colegio, said the insurance companies have created a system that interferes with the doctor-patient relationship.

Since 96 percent of the Puerto Rican population holds some type of insurance, it makes it difficult for dentists to provide proper care when they're trying to finance the overhead of their practice while waiting to be paid by the insurance companies, he said.

"Dentists are fed up," Dr. Medina said. "They cannot survive anymore with the situation in Puerto Rico. The result is that dentists are leaving the island."

The lawsuit accuses the insurance companies of limiting or denying payment for services considered by dentists to be medically necessary.

See COLEGIO, page eight

ADA urges reconsideration of DEA's proposed fee hike

BY CRAIG PALMER

Washington—The Association urged the Drug Enforcement Administration to recalculate a proposed fee increase as imposing "an unfair burden" on dentists prescribing controlled substances. Fees for three-year registrants would increase by $180 to $732 under the proposal.

The Association "understands the statutory requirement" for a fee structure sufficient to cover diversion control costs, but the DEA proposal "fails to recognize the inequality of these calculations when considering the relative magnitudes of annual revenue and income for the different registrant classes," said the ADA comments on the proposal.

"The ADA is concerned that an

See DEA, page 16

BRIEFS

Whitening poster: A poster for ADA members describing the "safe, sensible way" to whiten teeth is glue-stripped into this issue of the ADA News, after page eight.

Made possible through an educational grant from Philips Oral Healthcare, the poster is targeted to dental patients and intended for dental office display. It measures 19½ by 26 inches and identifies a range of tooth-whitening options.

Contents of the poster were reviewed for accuracy and appropriateness by the ADA divisions of Science, Dental Practice and Legal Affairs.

Members who want an additional copy of the poster can contact Raphaelle Chandellier at Philips at 1-310-845-8338.

EHR on Dental Practice Hub: Information concerning electronic health records is available on the Dental Practice Hub.

Visitors to the EHR page, "www.ada.org/members/6212.aspx", will learn how they can qualify for incentives to implement an EHR; how to check if they have the right software for a certified EHR system; and whether it will impact how they are reimbursed by the payers, among other topics.

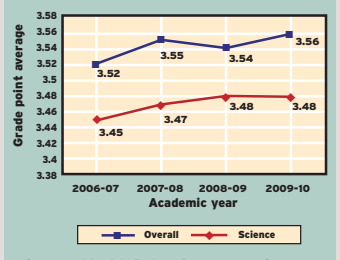
For most dentists, there is no fixed deadline to switch to an electronic system.

See BRIEFS, page 23

JUST THE FACTS

GPA

First-year students' average pre-dental grade point average was higher overall than specifically in science.



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

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ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the front of your membership card.

NCCC proceedings available online

Conference examined the future of oral health for elderly, disabled

The proceedings and recommendations from the ADA's National Coalition Consensus Conference: Oral Health of Vulnerable Older Adults and Persons with Disabilities, released in a Sept. 29 webinar, are available to watch by logging on to "ada.org/nccc".

The ADA convened the conference of 150 representatives from dentistry, medicine, public health and advocacy organizations to begin an open discussion about the increasing numbers of vulnerable older adults and people with functional limitations and complex medical conditions who live in community settings and need oral health care.

Recommendations about delivery systems, financing, education, research and policy were discussed by several of the experts who spoke at the conference.

Highlights of conference recommendations include:

- educating dentists and the nursing home industry about Incurred Medical Expense allowance in long-term care facilities;
- developing financially viable models of care that bring services to places where vulnerable adults live and receive other services;
- promoting widespread use of surveillance tools like the Association of State and Territorial Dental Directors Basic Screening Survey for Seniors. ■

ViewPoint

MyView

What's in it for me?


Debbie W. Preece

I have been involved in dentistry alongside my husband, Terry, for 34 years. Just before our marriage 36 years ago, I graduated with a bachelor of science degree in computer programming and was employed as a programmer/systems analyst for years. Many of your spouses also have their own careers, but it is still possible to be an active Alliance member serving the dental profession and the community.

My involvement in the Alliance of the American Dental Association began in Terry's second year of dental school and has continued ever since because whether we like it or not, dentistry is a family business. What happens in the practice affects the family. Over that time, I have learned to recognize that the dental profession is a series of decisions. First, there was the decision of where to attend dental school, how many schools to apply to, and then three to four years later, the big decision of applying for residencies, practicing dentistry with the questions of where to hang a shingle, and whether to buy a practice or become an associate. I thought that once we had made all those decisions, we would be sailing, but the decisions continue even to this day. It was dentistry that took us from a successful practice in Utah to beginning a new practice in Anchorage, Alaska.

The first time I had to collect money from a patient in the office, I was terrified. The first time I made a collection call, I cried when it was over. The first time I took a patient to court, I thought I would have a heart attack. But I had friends in dentistry that I could rely on to provide me with collection ideas and suggestions.

Whether we like it or not, dentistry is a family business. What happens in the practice affects the family.

Throughout this time, I have been active in the Alliance of the American Dental Association on the local, state and national levels. I began serving on a local dental health education committee, creating games and kits for the dentists and spouses to use for dental health presentations. Dentists and spouses taught these presentations for many years.

Marketing the practice became a way of life for us both in Utah and in Anchorage. Because I served as the AADA public relations chair, I have been able to create and send press releases to the media as part of our practice marketing campaign.

Some of you will know that obtaining financial loans for practice growth is considerably more difficult than it has been in better economic times. Financial institutions now require business plans with mission and vision statements. Earlier this year, I coordinated the preparation of the AADA business plan. How grateful Terry and I are that because of this, we provided this necessary information to

See MY VIEW, page five

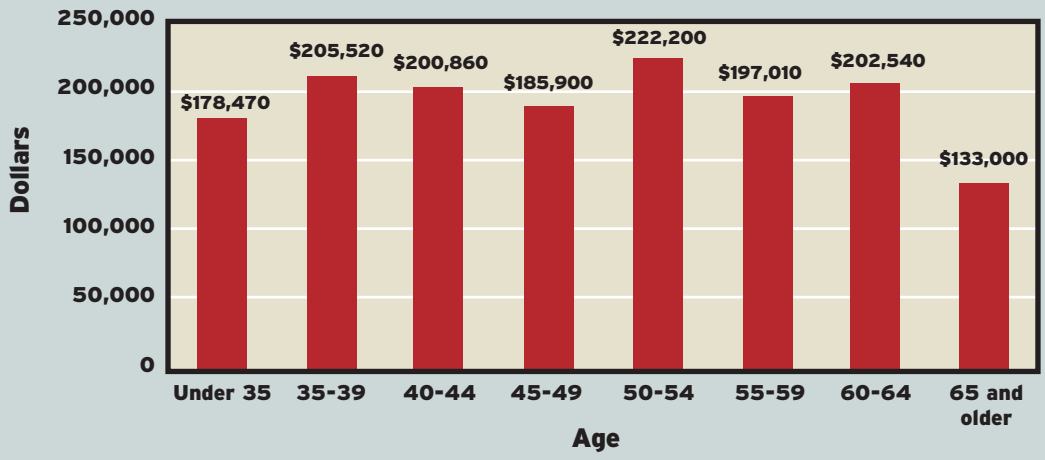
LettersPolicy

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".

SNAPSHOTS OF AMERICAN DENTISTRY

Income through the years

Independent general practitioners aged 50-54 had the highest average net income in 2009.



Source: American Dental Association, Health Policy Resources Center, *2010 Survey of Dental Practice, Income from the Private Practice of Dentistry.*

Letters

Core issues

I was very pleased to read the Sept. 5 ADA News articles on dental education and dental accreditation ("An In-Depth Look at Dental Education," "How CODA Works: Federal Recognition Requires Independent Decision-Making").

These are an extremely well-written, balanced and thorough overview of issues that are at the core of our profession and will have enormous impact on our future. My hope is that every member will take the opportunity to read the articles carefully—if not two or three times. This could only help inform the profession's discussion of these issues.

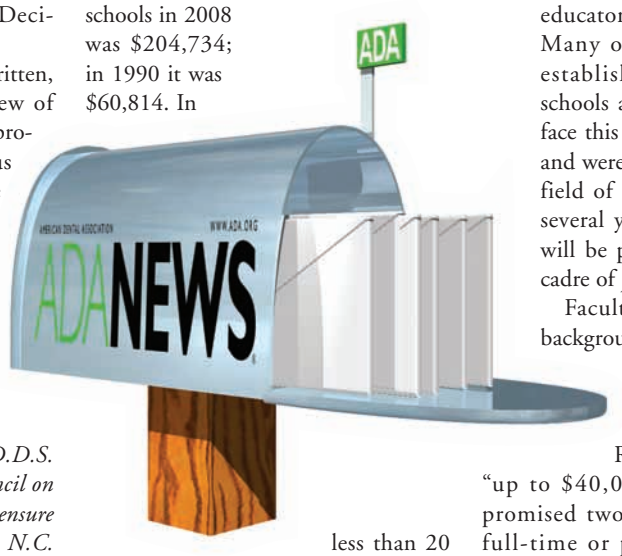
Congratulations on a job very well done.

Ronald Venezie, D.D.S.
Member, ADA Council on Dental Education and Licensure
Apex, N.C.

Student debt

I was happy to see "An In-Depth Look at Dental Education" on the front page of the Sept. 5 ADA News. The increased burden of debt hindering the likelihood of dentists to participate in charitable work is an important issue in the access to care discussion. We must also, however, examine the effect on the increased indebtedness on graduates' ability to become future dental educators.

The 2008 American Dental Education Association Survey of Dental School Seniors showed an average debt for public and private dental schools in 2008 was $204,734; in 1990 it was $60,814. In



less than 20 years, the debt has increased nearly 3-½ times! Faculty shortages continue to exist across the U.S.; however, salaries have not grown proportionally to the educational debt that students incur. A recent article in the Journal of Dental Education reports that the average clinical general dentist faculty earns $86,000 less per year than a private practice general dentist and this is expected to increase to $278,000 by 2015. To complicate the matter, the number of faculty vacancies in dental education is projected to continue rising.

The larger question, then, is the long-term sustainability of dental institutions at all if faculty salaries do not allow eager and enthusiastic young educators to repay their loans. Many of the mid-career and established faculty in dental schools across the U.S. did not face this degree of financial woe and were able to continue in the field of academic dentistry for several years. I question if this will be possible for the current cadre of junior dental faculty.

Faculty from disadvantaged backgrounds are eligible for the Health Resources and Services Administration Faculty Loan Repayment Program of "up to $40,000" repayment for a promised two-year commitment to full-time or part-time academics. Matching funds are required from the employing institution. HRSA also offered institutional awards in 2010 for faculty loan repayment under the American Recovery and Reinvestment Act, but individual faculty were not eligible for this award. National Institutes of Health loan repayment options are limited to research, which is often not the focus of clinical faculty.

See LETTERS, page five

MyView

Continued from page four

obtain practice financing in the last few weeks.

I have provided you with just a snippet of the skills I have learned from being a member of the Alliance. Kyla Rollins, a female student spouse in Cleveland, Ohio, said: "Attending my first Alliance of the ADA conference in 2011 in Richmond, Va., was a great experience. I gained insight into helping my spouse start a dental practice and a whole new appreciation for the Alliance." Kyla saw how much hard work the Alliance members put forth in all areas: legislative, education, membership and well-being. She came away from the conference with new friends and mentors and an excitement to continue being involved in the future. In addition, Kyla presented a blogging tutorial to teach all conference attendees. The best part about the Alliance is learning from each other.

Korey Anderson, a male student spouse in Augusta, Ga., attended the Alliance conference in Tempe, Ariz. He learned how to help his wife set up their dental practice, traits to look for when hiring staff and how to monitor the productivity of the practice. He remarked that if he had known how much information he would receive, he would have brought an entire busload of male spouses with him. Korey became the president of the Alliance of the Medical College of Georgia and has been involved in several projects that have been nominated for the AADA member projects awards.

By now, you are probably asking yourself if your spouse and your practice would benefit from Alliance membership.

The answer is a resounding YES!

Members of the Alliance have been in your shoes. Whether you opened the doors to your practice last month, last year or many years ago, we have been there and are great mentors. We love to help each other and when you make friends across the country you have a wealth of information at your disposal. There are many levels of Alliance involvement. Please help your spouse to set aside time every few years to service in Alliance leadership positions and to pay dues every year.

Dentists, significant others and staff members can also join the Alliance as contributing members. National annual dues are only $50. Some states and some local groups have additional dues, but it will be the best and least expensive investment you will ever make. You may access our application for membership on the AADA website at "allianceada.org".

It is time for fun, friendship and philanthropy—the Alliance of the ADA. Join today; you will not regret this decision. It is an investment in your practice, your spouse, your marriage, your family and your community.

Mrs. Preece is the 2010-11 president of the Alliance of the American Dental Association.

Letters

Continued from page four

But there remain a large number of faculty from "nondisadvantaged" backgrounds with exorbitant debt.

Loan Forgiveness for Public Service Employees was part of the College Cost Reduction Act of 2007, which requires repayment for 10 years in the income-contingent, income-based or standard 10-year repayment plans. Any debt remaining after 10 years of repayment is forgiven. The calculated monthly repayments do not take into account varying costs of living across the U.S. The monthly repayments are unrealistic and are calculated such that almost no debt will remain to be forgiven after 10 years. This is not an incentive by any stretch of the imagination.

Who, then, will teach our next generation of dentists? Financial incentives, including increased remuneration and revision of loan repayment programs, must be considered so that we may attract and retain the brightest minds to advance the field of dental education.

Sophia Saeed, D.M.D.
Assistant Clinical Professor
University of California, San Francisco
School of Dentistry
San Francisco

Editor's note: A copy of Dr. Saeed's letter with footnotes is posted at "www.ada.org/news".

Delta gift establishes pediatric dental clinic at the University of Minnesota

Minneapolis—Minnesota is getting its first hospital-based pediatric dental clinic, thanks to a donation to the University of Minnesota School of Dentistry from Delta Dental of Minnesota Trust.

The $3.5 million gift establishes a clinic near the new University of Minnesota Amplatz Children's Hospital. The University of Minnesota Children's Dental Clinic, made possible by Delta Dental of Minnesota, will open in April 2012. Officials call it "the most advanced pediatric dental clinic in the Upper Midwest."

"The clinic will be a regional resource for children with complex medical, developmental and emotional needs, both on an inpatient and outpatient basis," said Dr. Judith Buchanan, interim dental school dean. "It will be home to our advanced education program in pediatric dentistry and offer our dental residents a rich educational experience in an environment of coordinated care, working with pediatricians, nurses, pharmacists, therapists and dietitians."

More details are available online at "www.ada.org/news/6129.aspx". ■

Government

NLRB requires poster display

BY CRAIG PALMER

Washington—Most private-sector employers, including certain dental offices, must display a new employee rights poster as of Nov. 14 under a regulation issued by the National Labor Relations Board.

The NLRB posted the newly required notice for downloading and printing Sept. 14. Private-sector employers within the NLRB's jurisdiction will be required to display the poster where other workplace notices are posted and on an internal or external website if other personnel policies or workplace notices are posted there.

In a frequently asked questions section, the agency said its jurisdiction extends to hospitals, blood banks and other health care facilities "including doctors' and dentists' offices" with a gross annual volume of direct or indirect "inflow" or "outflow" from interstate commerce of $250,000 or more.

For example, a dental practice that receives $250,000 or more from out-of-state patients or buys equipment worth $250,000 or more from an out-of-state vendor (or buys equipment manufactured out-of-state worth $250,000 or more from an in-state of out-of-state vendor) would meet the NLRB "non-retail jurisdictional standard" that applies to health care facilities. The posting requirement applies to all private-sector employers within the National Labor Relations Board's jurisdiction, according to the FAQ. Dental practices that are unsure whether the rule applies should consult an attorney for a legal analysis of the practice's interstate commerce activity.

The posters will soon be available without charge from NLRB regional offices, which are listed at "https://www.nlrb.gov", the agency said in the Sept. 14 announcement.

The notice states that employees have the right to act together to improve wages and working conditions; to form, join and assist a union; to bargain collectively with their employer; and to refrain from any of these activities.

The U.S. Chamber of Commerce and South Carolina Chamber of Commerce filed a lawsuit in the U.S. District Court of South Carolina challenging the new notification rule. According to a Sept. 20 press release from the U.S. Chamber of Commerce, the lawsuit alleges that the NLRB rule is "an unlawful abuse of the regulatory process" and violates the First Amendment, the National Labor Relations Act, the Administrative Procedure Act and the Regulatory Flexibility Act, the latter "by failing to properly assess the significant economic impact the rule would have on small businesses." ■

—palmerc@ada.org

FedEx discounts available to members

It's easier than ever for ADA members to save time and money with FedEx.

Members are eligible to receive up to 20 percent on select FedEx Office copy and print services and 10 percent off other select services at more than 1,800 FedEx office locations. ADA members can already save up to 27 percent on select FedEx shipping services.

FedEx Office is the world's leading provider of document solutions and business services. For ADA members who need back office support for their practices, FedEx Office provides access to copying and digital printing, professional finishing, document creation, signs and graphics, direct mail and Web-based printing services.

ADA members need to enroll in the FedEx program to take advantage of the discounts; however, sign-up is free, and there are no shipping, copy or print minimums. To enroll, go to "www.enrolladvantage.fedex.com/4505" and enter pass code MWEK43. If you have questions, call 1-800-MEMBERS, your dedicated shipping program administrator at 1-800-636-2377 (8 a.m.-6 p.m. Eastern Standard Time, Monday-Friday). ■

Exchanges

Continued from page one

and other matters. The administration's July 15 proposed rule would implement the 2010 health reform law provision for establishing "Affordable Insurance Exchanges."

"We have asked our members to reach out to relevant state officials," says the Organized Dentistry Coalition's response to the administration's regulatory notice. "We ask that the agency modify section 155.130 (of the proposed rule) to require relevant authorities to include representatives of organized dentistry among the stakeholders they consult in developing an exchange."

Comments on the proposed rule were due Sept. 28, but the administration extended the deadline to Oct. 31 giving the coalition of specialty and other national dental organizations, including the ADA, additional time to grow the number of supporting groups.

The state-based exchanges are intended to provide "competitive marketplaces for individuals and small employers to directly compare available private health insurance options on the basis of price, quality and other factors."

The coalition statement offers "suggestions that apply to exchanges affecting both the individual and small business markets" and recommends that:

• Stand-alone dental plans that participate in exchanges should provide consumers with the same consumer protections and other safeguards and benefits (such as plan transparency) that are available to consumers who purchase their dental coverage through medical plans operating as "qualified health plans" (QHPs) in the exchanges. In addition, we request that the [Department of Health and Human Services] secretary recommend that the exchanges consider additional consumer protections suggested by state dental societies.

State or federal officials ... should strive to maximize the dental plan choices available to consumers in the exchanges.

• Stand-alone dental plans should be subject to the same certification requirements as medical plans operating as QHPs in the exchanges except in instances where a criterion is clearly not applicable to stand-alone dental plans, such as accreditation requirements and perhaps actuarial values of coverage requirements.

• State or federal officials who develop the exchanges should strive to maximize the dental plan choices available to consumers in the exchanges.

• Dental benefits offered by QHPs and stand-alone dental plans in the exchanges should allow for an "apples-to-apples" comparison so that consumers can easily understand their choices based on price, quality and other factors.

• State or federal officials who develop the exchange or exchanges in each state must seek input from state dental societies in the early development of the exchanges to help assure consumer-friendly web sites for dental patients.

• Access to dental health care for special needs individuals with disabilities should be specifically addressed in the exchange design and implementation.

• Individuals serving as consumer navigators in the exchanges should have a full understanding of the dental coverage options because the dental delivery system is very different from the medical system.

The coalition will address its comments to the Department of Health and Human Services Center for Consumer Information and Insurance Oversight. The HHS, Labor and Treasury Departments are coordinating regulatory guidance on the exchanges for employers, insurers and the states. ■

—palmerc@ada.org

My practice, my patients and the health insurance exchange

BY CRAIG PALMER

Beginning in 2014 your state will have an exchange to facilitate the purchase of health insurance, unless the U.S. Supreme Court overturns the 2010 health reform law.

Access will be limited in a participating plan's first few years to businesses with fewer than 100 employees, which may offer you an opportunity to purchase coverage for yourself and your employees or to continue coverage at competitive rates. Individuals without coverage will also have access and some may be or become your patients.

Your patients may come to you with questions about coverage through the exchange. Which plan is best for me, doctor? Of course, those answers are not available now.

You will have questions, too. What do the participating plans offer? What are their reimbursement policies? Your Association will keep you informed as the new exchanges take shape.

Think of the exchange as a new marketplace organized to encourage plan competition. Every state must have one or participate in a regional exchange.

If the state doesn't set up the exchange, the federal government will. Some states will have more than one.

The ADA is working to see that every exchange offers a number of dental plans for patient choice.

Here's how the rule-crafting regulatory agency put it, "These state-based, competitive marketplaces, which launch in 2014, will provide millions of Americans and small businesses with 'one-stop shopping' for affordable coverage. They will also provide the sole venue where members of Congress will get their health insurance." ■

Colegio

Continued from page one

"The defendants limit the services that the dentists can offer for financial reasons to the detriment of the dentists' professional responsibility and practice and to the detriment of the patients," the lawsuit states. "So much so that the defendants routinely and automatically deny payments without inquiring or analyzing the dental necessity of the procedure performed."

The class consists of the 1,300 members of the Colegio. Puerto Rican law requires membership in the Colegio for a person to practice dentistry in the country, said Edna Hernandez, attorney for the class. The lawsuit was filed in state court in February 2009 and was moved to federal court, where it is pending after the defendants asked the court that it be dismissed, Ms. Hernandez said.

Dr. Medina

The defendants include Triple Management Inc., Triple S Inc., Triple C Inc., American Health Inc., Auxilio Platino Inc., Connecticut General Life Insurance Co. (otherwise known as Cigna Health Care), La Cruz Azul de Puerto Rico Inc., Delta Dental Plan of Puerto Rico Inc., First Medical Health Plan of Puerto Rico Inc., International Medical Card Inc., Humana Health Plans of Puerto Rico Inc., Humana Insurance of Puerto Rico Inc., MCS Health Management Options Inc., MCS Advantage Inc., Metropolitan Life Insurance Co., Option Health Medical Care Network Inc., SDM Health Management Inc., Mennonite General Hospital Inc., Mapfre Life Insurance Co., MMM Health Care Inc. and Life Insurance Cooperative of Puerto Rico.

Puerto Rico does not have a government office that handles provider insurance, Dr. Medina pointed out. There is an insurance commissioner but that office deals with the relationship between the patient and the insurance company. There is no government agency to take this issue to, thus the lawsuit, Dr. Medina said.

"We need to change the system as it is in terms of the relationship between providers and insurance companies. There has to be a system or a committee where the parties can sit down and discuss the issues that are important for the providers," Dr. Medina said.

"There are some insurance companies in Puerto Rico that have not changed their fees in 16 years," Dr. Medina said.

The class is seeking recovery to compensate the dentists who suffered economic harm as a result of lack of payment, late payments, bundling and downcoding, Ms. Hernandez said.

"We urge all the dentists that if they need any information about this lawsuit or have any information to come forward," Dr. Medina said. "The Colegio will keep defending the interests of all our members."

For more information, visit "www.ccdpr.org" or call 1-787-764-7969. ■

—soderlundk@ada.org

Dr. Leo Finley Jr., past ADA trustee, dies at 73

Dr. Leo R. Finley Jr., a past ADA trustee who represented the 8th District (Illinois) from 1988-2002, died Aug. 26 at his home in Orland Park, Ill. He was 73 years old.

A 1963 graduate of the Chicago College of Dental Surgery/Loyola University, Dr. Finley was active in organized dentistry at the local, state and national levels for more than 40 years.

Dr. Finley

As a member of the Chicago Dental Society, he held all offices at his South Suburban Branch. He was a member of the CDS Board of Directors and was elected CDS president in 1989-90.

At the state level, Dr. Finley served as vice speaker of the Illinois State Dental Society's House of Delegates and chaired the Dent-IL-PAC's Governor's Club.

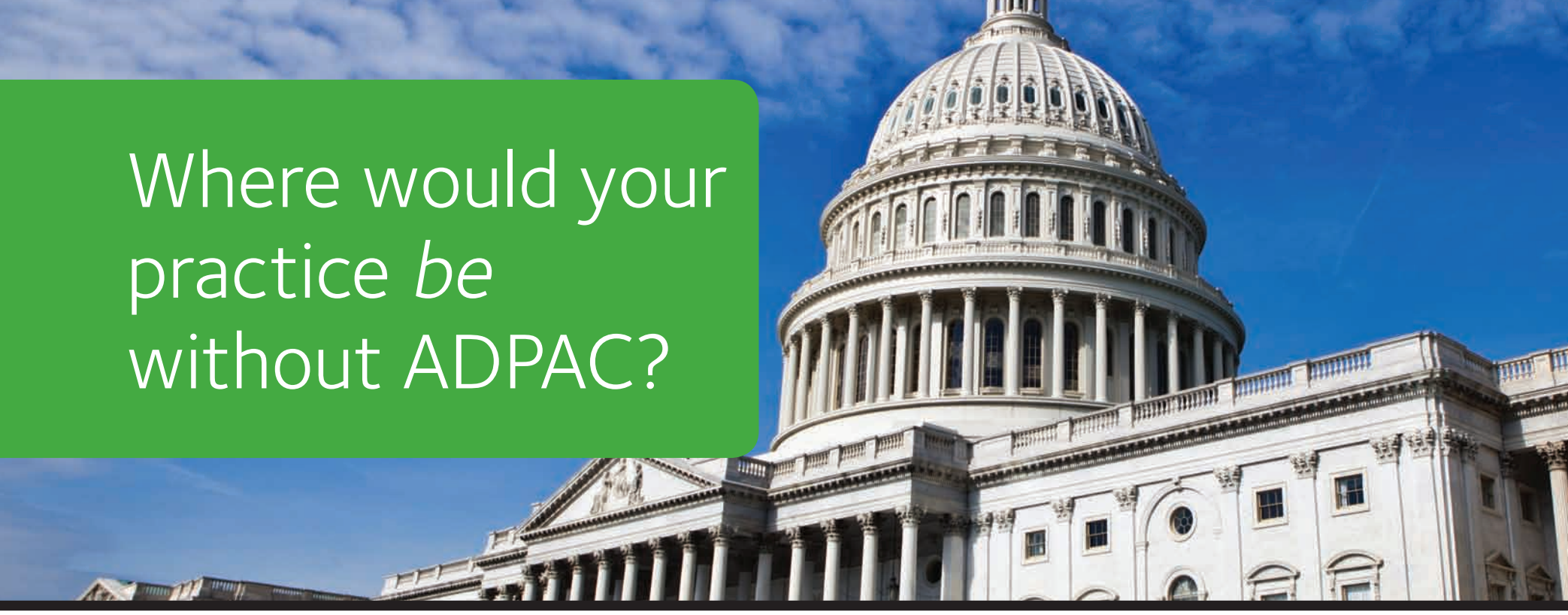
At the national level, he represented Illinois dentists in the ADA House of Delegates from 1986-88 and 1996-97 before being elected 8th District trustee in 1988.

A veteran of the U.S. Army, he served with the Dental Corps as a captain from 1963-65 before returning home to start his dental practice and teach at the Loyola University dental school through 1969.

Funeral services for Dr. Finley were held Aug. 30, followed by interment at Good Shepherd Cemetery in Orland Park, southwest of Chicago.

He is survived by Alicia, his wife of 50 years; sons Leo III, Timothy, Allen and Paul; daughter Suzanne Duntz; 13 grandchildren and three great-grandchildren.

In lieu of flowers, donations were being accepted in Dr. Finley's name at the American Cancer Society. ■



Where would your practice *be* without ADPAC?

Wasting staff time filling out multiple IRS forms.

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ADA American Dental Association®

NDA honors Dr. Gist

BY KAREN FOX

Baltimore—ADA President Ray Gist received a Legend Award during the National Dental Association's 98th Annual Convention this year.

NDA bestows the award "for timeless service to the profession of dentistry, the education of professionals, the community of man, and the perpetuation of the species."

The NDA meeting, held July 22-26, featured several special events, including:

- an opening session keynote address by U.S. Rep. Elijah Cummings, D-Md.;
- the annual President's Symposium, which this year covered "Bioethics and Public Health Ethics and the NDA";
- the Civil Rights Luncheon with keynote speaker Roland Martin, nationally syndicated columnist, CNN political analyst and host of "Washington Watch."

Dr. Leo Rouse, dean of the Howard University College of Dentistry and the first African-American president of the American Dental Education Association, received a Legend Award as well. Dr. Gist, the first African-American ADA president, said he was "honored and humbled to receive" the award.

"Both the National Dental Association and the American Dental Association are very important to me on both a professional and personal level," he said.

For 86 years, the NDA has been a national forum for minority dentists.

Next year's convention is a historic joint meeting between the NDA, the Hispanic Dental Association and the Society of American Indian Dentists. The meeting takes place July 20-24, 2012, at the Boca Raton Resort and Club in Florida. For more information, visit "www.ndaonline.org". ■

Photos by CG Taylor

NDA Convention scenes: Dr. Ray Gist, ADA president, (above right) receives a Legend Award at the National Dental Association's 98th Annual Convention. Keynote speaker Roland Martin (at podium) addresses the NDA Civil Rights Luncheon July 25. He is flanked by Dr. Sheila R. Brown, NDA president; and Dr. Roy L. Irons, NDA president-elect.

Looking ahead: The Golden Gate Bridge is a major attraction in San Francisco, where the ADA will hold the 2012 Annual Session Oct. 18-21.

Pre-register online this month for the 2012 Annual Session in San Francisco

San Francisco—Get a jump on planning a trip to the ADA's 2012 Annual Session in the City by the Bay by logging on to "ada.org/session".

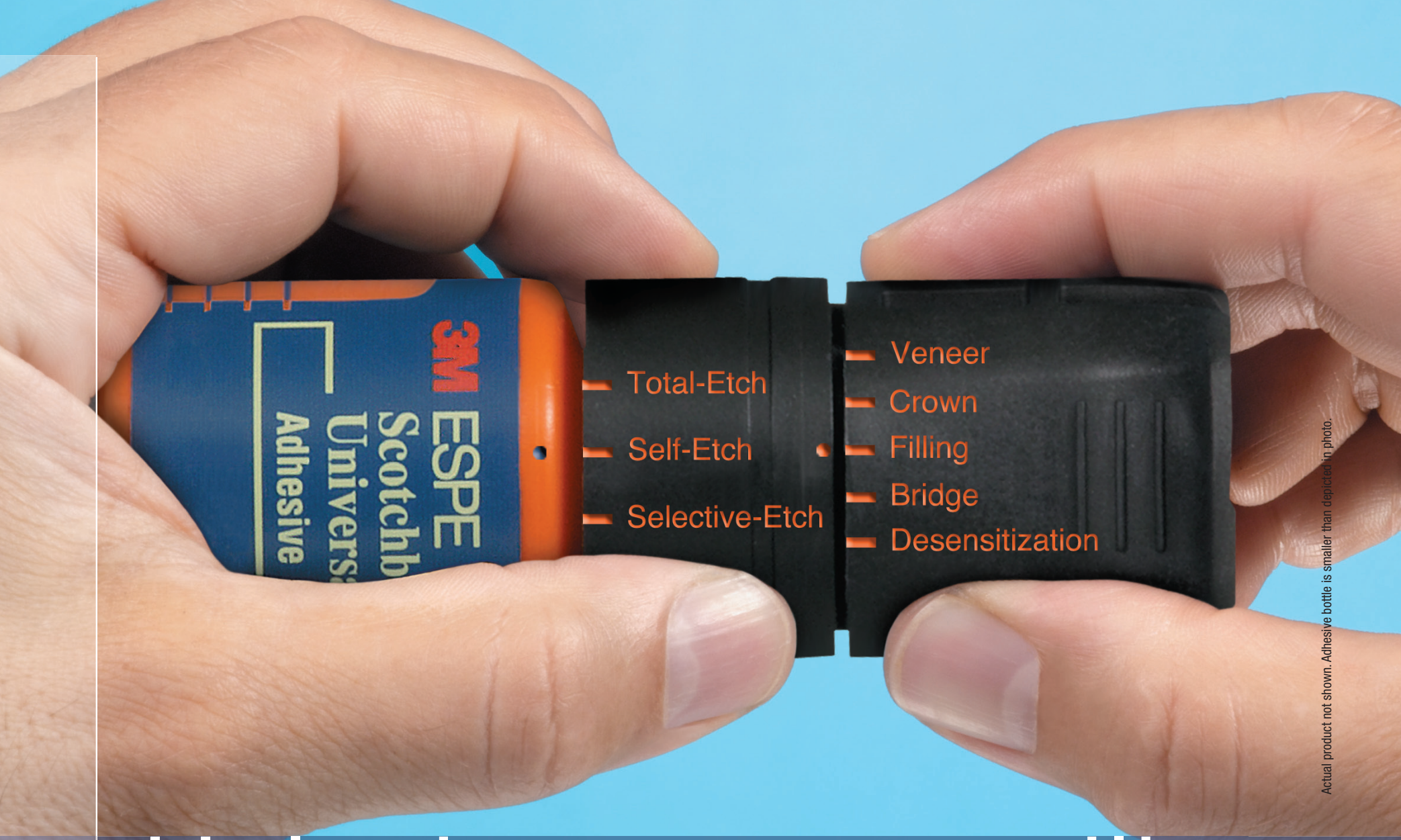
Those who log on between Oct. 10 (8 a.m. Central time) and Oct. 28 (5 p.m. Central time) can pre-register and book housing for the meeting to be held Oct. 18-21, 2012.

The 2012 ADA official hotel list will be available within the registration site. Pre-register during this period to get first choice of the more than 50 ADA official hotels in the best locations throughout San Francisco, from Fisherman's Wharf to Nob Hill to just around the corner from Moscone Center. ADA official hotels not within walking distance of Moscone Center will also provide shuttle service for registered attendees.

San Francisco
American Dental Association
ANNUAL SESSION
OCTOBER 18 – 21, 2012

This special pre-registration period has historically been open only to those on-site at the current year's meeting, but the ADA is now excited to be able to offer it to everyone via "ada.org/session".

The full registration system will open April 11, 2012, including CE courses, special events and more. ■



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President-Elect's Interview

Dr. Calnon lauds ADA advocacy efforts

Editor's note: This is the second and final installment of an interview with Dr. William R. Calnon, ADA president-elect. Dr. Calnon will take office as Association president before the House of Delegates Oct. 14 in Las Vegas. The first part of this interview appeared in the Sept. 19 ADA News. Dr. Calnon was interviewed by ADA News Editor Judy Jakush.

ADA News: Navigating government regulations and rulings remain a constant concern for ADA members as well as advocating for legislative changes. Members turn to the ADA for help. What is the Association's primary role in this area? What has the ADA accomplished?

Dr. Calnon: We just reached a total of 26 states that have adopted noncovered services legislation, but it started with one, Rhode Island, and they are very proud of that fact. We are in a position through our State Public Affairs program to offer help to states in legislative areas, and this help can be instrumental in a legislative win. The SPA program is one of the premier programs the ADA has launched in terms of effectiveness in aiding constituents.

One of our strengths is being able to help with public opinion on the grassroots level, and state societies have sought our input. I think the support we are giving the states is something we can be very proud of. It's a marvelous benefit and a good answer to the question, what does the ADA do for you? This is something that affects the day-to-day business of dentists.

While we can be proud of legislative victories like the ones we've seen on noncovered services, I realize there are members who think the ADA can do everything. I always tell them, this is not Hogwarts, we do not have a magic wand. There are spheres of control and spheres of influence, and I hope members understand the things the Association can control and those we can influence. We can strongly influence them through our advocacy efforts, and that is where we put our resources.

"I think the support we are giving the states is something we can be very proud of. It's a marvelous benefit and a good answer to the question, what does the ADA do for you?"

I've had the opportunity to participate in our meetings with agencies. It has been an eye-opening experience for me. The Association takes a very proactive stance, promoting the resources of the ADA as being a true source of expertise for these agencies. In many instances we also have evidence-based science available to share with them in the decision-making process. Furthermore, the ADA is intimately involved in representing the profession before the federal agencies regarding the implementation of the new health reform law as well as lobbying Congress on a host of issues important to dentistry and individual dental practices.

We've seen good response in our approach as a collaborative partner. This doesn't mean we get any free passes. It means we are visible and gain respect. The message we need to give them every time we meet is that, yes, we are a member-based association, but a very large percentage of the mission and vision of this Association deals with the same people that they are responsible for—and that's the public. Sometimes, the agencies don't realize that. It's a very loud message we've been trying to deliver to them.

ADA News: Is there a technology communications gap between older and younger dentists? How does that affect how the ADA communicates to its members?

Dr. Calnon: There is no 9-5 anymore, and the Internet has been a major part of that change, and the ADA obviously offers everything from print to Web to email. Social media is another route of connecting to our members, but I think that we, like other groups, are trying to figure out how best to utilize its strengths. We are always examining the best way to reach out to new dentists and new members.

My generation has been raised in the paradigm in which you attend a face-to-face meeting. The reality today is that you don't have to be physically present to attend a meeting. This also works for continuing education. But I think we still need the

Leaders meet: Dr. Calnon listens to colleagues at the ADA President-Elect's Conference at ADA Headquarters in January.

face-to-face meeting to develop a level of camaraderie and networking. We have to come to grips with some way of maintaining that level of interaction and building trust. It's about forging friendships, making connections and getting personal advice. Skyping is just not going to do that. Sometimes it's listening to a dynamic speaker who sparks something in you and inspires you to action. I haven't seen a digital substitute for that yet. We need to bridge the old to the new, sharing the value of networking with new dentists while expanding our communication tools as technology evolves.

ADA News: The PGY1 law in New York provides licensure to dentists who complete a Commission on Dental Accreditation-accredited postgraduate dental training program. It was initially offered as an option in 2002 and became a requirement in 2007. What is your assessment of this program?

Dr. Calnon: This came into being at the time I was going through the chairs of the New York State Dental Association. This was an action that the legislature took with NYSDA's support.

I look back on those days and realize it was truly groundbreaking. We've been doing this long enough in New York to show that it really can work.

Unfortunately, however, we have learned that this process is not for everyone because most states don't have the infrastructure to support it. Many simply don't have the number of residencies that New York does.

ADA News: What should members know about progress with the electronic health record and its impact on their practices? What is the ADA's role in EHR and related electronic standards-based exchange of information?

Dr. Calnon: We have done an extensive amount of work starting from the get-go with our involvement in standards development. This is one of our key roles as an Association, to educate our members about EHR progress. This should be the ADA's role, not the government's. We have the obligation to our members to tell them what's on the horizon, what will be expected of them. We have to stay on top of developments and prepare dentists for the changes to come.

Another important educational role for us is to dispel the many myths that seem to surface every time EHR is discussed. Anytime there is a mandate like this, people will read or hear something that panics them. Our role is to prepare dentists by giving them accurate information because the Association has the expertise.

ADA News: Having chaired the Board's Committee on Diversity, do you have insight into the outcomes of the Diversity Summit held last year? What is the ADA doing to promote careers for underrepresented students? Have relationships with groups like National Dental Association, the Hispanic Dental Association and the Society of American Indian Dentists changed since the summit? How?

Dr. Calnon: My involvement with the summit has included follow-up with the other associations. The fact that the summit occurred was groundbreaking in itself, and the doors it opened have allowed the four organizations to forge stronger relationships. One of the goals was to open our lines of communications, and that has happened starting at the top leadership levels, and we have increased our knowledge of and respect for each other. Now we're poised to make more progress together on concerns that were there for a number of years, and we have established platforms that allow us to address some of these issues, such as how we increase the number of underrepresented minorities in dental school or how to help all segments of the population know more about preventing oral health problems. It's time we truly do work together for common goals. We should be helping each other move forward.

By working together, we can understand the true barriers facing underrepresented dentists from diverse racial and ethnic backgrounds and the best strategies for reducing oral heath disparities across population groups. There is no silver bullet, no single answer, but we should examine each barrier. What works in one locale may not work in another. One of the things that came out of the summit is that we have a clearinghouse for sharing great ideas, so the individual organizations don't have to waste resources in reinventing the wheel.

ADA News: What do you want to tell members about the 2012 budget proposal? In June, the Board adopted a resolution that called for a $7 dues increase to help address a projected deficit. However, at the September Board meeting, action was taken which changes that scenario. What changed?

Dr. Calnon: At last month's meeting, the Board voted to recommend to the House a revised 2012 budget based on the significant impact of changes adopted after completion of a project to study ADA employee total compensation and retirement plans and a reconsideration of other operating assumptions. A Revised Board Report 2 (which is the annual report from the Board to the House on the finances of the Association) is being posted on ADA.org as well as being mailed to delegates. The Board is recommending a 2012 operating budget of $119,831,124 in revenues and $118,397,157 in expenses, income taxes and net capital expenditures, generating a net surplus of $1,433,967 including decision packages and excluding a dues increase. Originally, we had projected $121 million in expenses for 2012.

The $7 dues increase proposed in June reflected

See DR. CALNON, page 16

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Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
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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
P & W Dental Studios LLC	Cumming	GA	877-955-8757
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
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Keller Dental Laboratory	Louisville	KY	800-292-1894
Crown Dental Studio	Shreveport	LA	800-551-8157
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Arcari Dental Lab	Wakefield	MA	781-213-3434
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
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Davison Dental Lab	Flint	MI	800-340-6971
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Thoele Dental Laboratory	Waite Park	MN	800-899-1115
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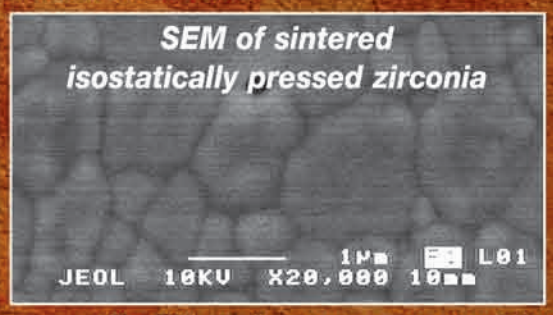

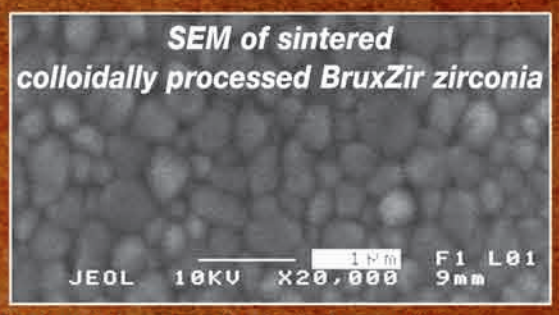

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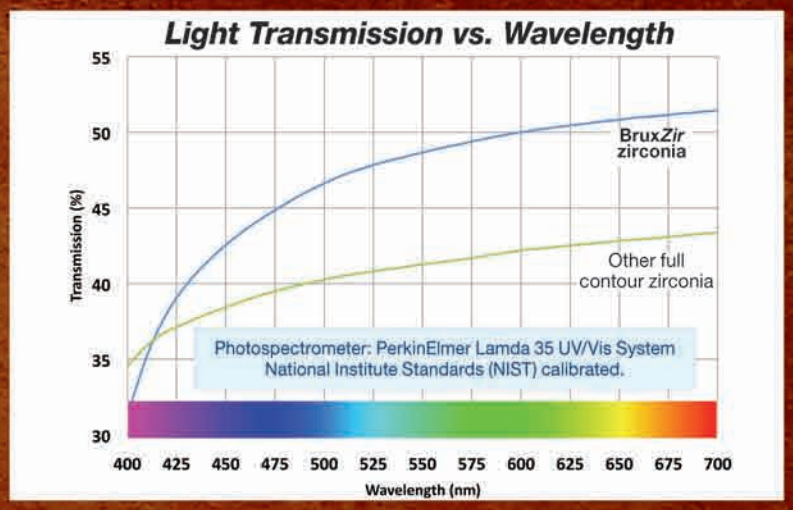

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1. Wear of Enamel on Polished and Glazed Zirconia: Shah S, Michelson C, Beck P, et al. 2010: Washington, DC: AADR. Abstract #129615.

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Stern Reed Assoc. Dental Laboratory	Addison	TX	800-888-8341
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Evolution Dental Studio	Draper	UT	801-432-7446
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Treasure Dental Studio	Salt Lake City	UT	800-358-6444
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President-Elect's Interview

Dr. Calnon

Continued from page 13

what we knew about 2012 expenses at that time and because a dues proposal requires 90 days official notice to the House of Delegates, the responsible action was to seek a dues increase to address the difference between expenses and revenue. At the time we did not have the results of the study of ADA employee retirement plans, but when we considered them last month, the Board acted to restructure the plans, thus resulting in the projected 2012 savings. Of course, the Board's budget proposal does not include the cost of measures the House may adopt when it meets in Las Vegas, and it is up to the House to determine what the dues increase may or may not be.

I also want to stress that one of the key things about our budget process is that it is a perfect example of how powerful our new strategic plan ("www.ada.org/strategicplan.aspx") is. The Board and staff are utilizing it in planning ADA activities and expenditures. We worked to come up with a plan that is both powerful and simple, so that people can understand it and make it part of their every day thought and planning process. This year has been the perfect example of tying the strategic plan to the budget process. It's really become a major part of the decision-making process. As in the past, linking the budget to the plan is critical, but with the new strategic plan, we can do this with new vigor. The software improvements implemented by the ADA since the last House have helped in giving us an understanding of what the real cost of delivering services and the cost of particular programs are.

ADA News: Looking back during your career, what do you count as the major changes in dental practice?

Dr. Calnon: Major changes have occurred in technology and materials. These changes have sparked tremendous awareness of the need for continuing education in order to keep pace with advances in clinical practice.

Some of the other major shifts have been in a better understanding of the etiology of oral disease and the implications of that, including the growth in knowledge about the microflora underlying the disease process. This has led to changes in clinical approaches, in the management of disease and also in our understanding of the relevance of oral health to overall health.

From the practice perspective, the way patients access health information is another major change I've seen. When I started practice, patients would really look to the dentist to be the source of answers to whatever questions they had about dentistry. Now, more and more patients come to the office having done their homework on the Internet. This has potential for patients making decisions based on misinformation. This is why the ADA's involvement with Sharecare is very, very important. We can't control what is on the Internet, but in this case we can distinctly influence the accuracy of oral care information that patients receive. This is a huge step for our patient education efforts, and the reaction I'm getting from the states is very positive. This is another example of the ADA being proactive. I want to encourage members to be contributors to Sharecare. You can apply on ADA.org to answer oral health questions ("www.ada.org/sharecare.aspx").

Photo by El Event Photography

Elected: Dr. Calnon addresses the ADA House of Delegates in Orlando, Fla., Oct. 12, 2010, after being named president-elect.

ADA News: In addition to Sharecare, the ADA is now involved in another public outreach effort through its participation in the Partnership for Healthy Mouths, Healthy Lives and the upcoming Ad Council campaign. What does that entail?

Dr. Calnon: Along with Sharecare, I am excited about our involvement in the Ad Council campaign on children's oral health. The Ad Council has a long history of public service advertising and has brought us such icons as Smokey the Bear's "Only You Can Prevent Forest Fires" and McGruff the Crime Dog's "Take A Bite Out Of Crime."

Our efforts in coalitions like this show the importance of finding common ground with organizations and working in collaboration on these types of outreach efforts. The Ad Council would not have looked at us by ourselves—my understanding is they only deal with coalitions that represent broad-based aspects of health and safety. This is one of the most effective ways to raise the awareness of parents and caregivers about their children's oral health.

ADA News: What is your assessment of how the issue of workforce has developed during your year as president-elect?

Dr. Calnon: I couldn't be more proud of the direction the ADA has taken in the barriers to oral care scenario, the series of statements on access to oral health care we have developed. To date we've issued two statements under the Breaking Down Barriers to Oral Health for All Americans title: the first, in February, was The Role of Workforce, and the second, in August, was Repairing the Tattered Safety Net.

We have redirected the conversation by looking at the bigger picture to try to redefine what barriers to access to care truly are. Workforce issues are only one of many barriers, and we must understand the amazing complexity of the overall set of obstacles that prevent every American from attaining optimal oral care. I think we have turned a major corner when dealing with access, but it doesn't mean workforce issues are going away. It means they are being put in a proper perspective.

We are putting the idea of disease management in the forefront. That whole swing in philosophy should ring very loudly, especially to people funding the workforce proposals. If you really want your best return on investment, then invest in the true solution, prevention.

The model we have developed, the Community Dental Health Coordinator, is progressing well. The preliminary findings are very positive. I think that blending a community health worker with dental skills into the safety net system is an excellent idea that shows great promise. We are anxiously awaiting outcomes from data collection and the evaluation process.

The recent Institute of Medicine report on oral health access was very positive. It loudly reaffirmed the acceptance of a tremendous number of ADA policies and the direction the ADA is taking. Workforce models were mentioned, but there was nothing that I saw that had any recommendations as far as going down those pathways. This reaffirms that workforce is just one aspect of the issue, and it doesn't define the issue. I think that's what the IOM report clearly shows and it also supports our idea of looking at this from a bigger perspective through our barriers to care approach.

ADA News: The ADA is involved in many projects and initiatives that draw on interprofessional participation and support. Do you think collaborating with pediatricians, school nurses, government agencies, charitable foundations and other groups is a vehicle to opening up access to care for underserved populations? Do you think these strategies are helping take the emphasis away from the midlevel providers issue?

Dr. Calnon: These strategies are tools, and I think we need as many tools in our chest as we can have. Again, these are examples of working collaboratively with other health care professionals. We have a role in educating them. They should have the knowledge to recognize early problems and make an appropriate referral to a dentist. This is no different than a dentist seeing a medical implication in a child. It's a two-way street. The medical/dental homes have to work very closely together for the overall optimal health of the child.

ADA News: Give Kids A Smile celebrates its 10th anniversary next year. What was your most memorable GKAS experience on a personal level? How do you see the program evolving and changing going forward? What is the role of Missions of Mercy?

Dr. Calnon: For several years, I have had the opportunity first as an ADA trustee and this year as president-elect to attend the GKAS event the Nassau County Dental Society hosts on Long Island. It is often the ADA kickoff event for GKAS day. I am always impressed at how well run it is. They see a tremendous number of kids in a relatively short time. When the buses pulled up, I had a chance to watch a class of young children, and I was struck by their enthusiasm. They weren't walking, they were bouncing. It was great fun and amazing to see how receptive these kids were to the dental education offered. They absorbed this information, and you knew they were taking it home with them.

GKAS is a great example of various stakeholders in the profession working together for a common goal. It's great to see our corporate friends work so well with local dental societies and the ADA in making GKAS both a day and a year-round effort. This has also been helpful in promoting our message to legislators, especially when they attend these events.

Ultimately, the best thing about these programs is the benefit to the kids. That's the bottom line.

GKAS is an ongoing program throughout the year. The best practices symposium has allowed programs to compare notes and learn from each other and share successes and failures. This saves resources in the long run.

I'm also encouraged by the growth of Mission of Mercy projects around the country. The most positive aspect is the care rendered, but, like GKAS, they offer a tremendous opportunity to show that we as a profession are actively involved in breaching barriers to care. It shows we understand the problem, that we are doing something about it, and it allows us to convey the message to legislators about the complexity of the issue. They can experience firsthand the challenges in treating some of the underserved populations, and the level of education and skill necessary to safely and effectively treat a truly dentally and oftentimes medically compromised patient. These are people who need extremely well-trained practitioners. MOM has a huge emotional impact, especially when you see people standing in the rain for 24 hours to access treatment. ■

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DEA

Continued from page one

unfair burden is placed on provider registrants compared to drug manufacturers and distributors."

The last DEA fee adjustment, which took effect Nov. 1, 2006, raised practitioner fees to the current $184 a year or $551 for three years.

A new fee calculation is needed to cover additional costs of diversion control activities, the DEA said in the July 6, 2011, notice of proposed rulemaking. "In addition, the mission of the DCP (diversion control program) has been expanded by Congress and by the need to address an explosion in the abuse of prescription drugs that seriously impact public health and safety. The National Drug Control Strategy is focused on all aspects of the problem—supply, demand and treatment. The Office of Diversion Control at DEA is focused on the supply side of this serious threat to the public health and safety."

The Association statement questions the equity rather than the necessity of the proposed fee hikes.

"This inequity seems even more egregious considering that drug manufacturers and distributors are in the business of making and distributing drugs while providers that only prescribe medications for their patients generate no income from writing a prescription," the Association said. "Even providers that dispense or administer medication in their offices would only generate an extremely small fraction of their income from the fees for providing those medications.

"The ADA urges the DEA to reconsider these ratios to account for the relative incomes or revenue of the different registrant classes. A more equitable distribution of fees will reduce the burden on the provider while not significantly impacting the revenue of the manufacturers or distributors and while still meeting the statutory requirement to fully fund the Diversion Control Program." ■

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Dr. Jack Brown to receive Distinguished Service Award

BY JAMES BERRY

Dr. L. Jackson Brown, just "Jack" to all who know him, is a soft-spoken dental research scientist who weighs his words carefully and never overstates his case. When he writes a paper or delivers a speech, his approach is always deliberate, direct, as unpretentious as his taste in neckties.

All concepts are supported by facts. There are no false moves or flashy gestures, nothing that might call attention to the fact that underlying his unadorned presentation is an intellect—a depth of knowledge and understanding—that is unsurpassed in the health care field.

Jack Brown is a rare combination of talents and experience. He is a dentist, but also an economist, epidemiologist, researcher, consultant and, most recently, a dental editor. He has authored or co-authored about 120 articles in peer-reviewed scientific journals and about 30 books or book chapters. Add to these distinctions his roles as husband for 45 years to wife Mary, father of three sons and grandfather of nine and you have a well-rounded life.

And now Dr. Brown, a longtime dental researcher, past member of the ADA senior staff and current editor of the Journal of Dental Education, is on the brink of another agreeable distinction.

At the ADA Annual Session in Las Vegas, he will receive the Association's 2011 Distinguished Service Award, the highest honor bestowed by the Board of Trustees.

"This was not something I was expecting at all," said Dr. Brown, who learned of the honor through a phone call and follow-up letter from Dr. Raymond Gist, ADA president. The award will be presented at the first meeting of the ADA House of Delegates Oct. 10.

"It was a very welcome surprise, and I was extremely honored," Dr. Brown said of the award.

Born and raised in Carrollton, Mo. (pop: 4,100 today), he entered the University of Missouri in the early 1960s intending to study electrical engineering.

Like the rest of the nation in those days, young Jack was caught up in the fledgling space race. The Soviet Union had launched its unmanned satellite Sputnik, and President Kennedy had set an ambitious goal: the moon by the end of the decade.

Dr. Brown: Calls his time with the ADA "among the most enjoyable and productive years of my life."

"Everyone thought we were behind in science, so they were encouraging young people to go into science," Dr. Brown recalled.

After two years, he decided that electrical engineering was not for him. A career in dentistry had its attractions, he thought: the opportunity to control one's own life, to interact with others and contribute to the common good.

He earned his dental degree at Missouri in 1969 and completed what was then an internship (now a general practice residency) at the Veterans Administration Hospital in Kansas City.

"They put me in charge of an outpatient service," he said of his work with the VA. "It was during the Vietnam War, and there were men and women coming back from the war needing a great deal of care. That got me thinking about how we could do this [deliver care] more efficiently."

And that, in turn, led to an interest in economics and in epidemiology—the study of health-related patterns in society—and prompted a move to New York City where Dr. Brown would earn a master's degree and later a doctorate in social medical science from Columbia University.

In the mid-1970s, he began what would be two decades of government service in health care research. In 1991, he was named director, the Division of Epidemiology and Oral Disease Prevention, the National Institute of Dental Research (now the National Institute of Dental and Craniofacial Research).

At the research institute, he worked under the legendary Harald Loe (NIDR/NIDCR director, 1983-94), whom he counted as a friend and mentor.

Dr. Brown joined the ADA staff in 1996 as associate executive director overseeing the Health Policy Resources Center, the ADA's main source of information and analysis on dental practice, economics and epidemiology.

In that role, he also served as lead staff on the 2001 Future of Dentistry Project, working closely with Dr. Leslie Seldin, who chaired the project's oversight committee.

"Jack is a warm, caring man who has devoted himself to his work and the dental profession," said Dr. Seldin, a past vice president of the ADA and himself a recipient of the Distinguished Service Award (2008).

Added Dr. Seldin, "Jack was my partner, my collaborator and the driving force behind the 2001 Future of Dentistry report—but most of all, he has been a close and valued friend."

Dr. Brown spent 11 years with the ADA, stepping down in 2007. He looks back on his time with the Association "among the most enjoyable and productive years of my life."

The ADA, he said, "treated me very well, allowing me to do much of the research that I recommended."

Ending his tenure with the ADA, Dr. Brown started a consulting firm, L. Jackson Brown Consulting LLC, and was named editor of the Journal of Dental Education, the monthly peer-reviewed publication of the American Dental Education Association.

(His move to ADEA, together with his earlier work, gave him the distinction of having served as a senior executive with three major dental organizations.)

Dr. Richard Valachovic, ADEA executive director, credited Dr. Brown with introducing online manuscript submission and review—essentially the same process used by The Journal of the American Dental Association—and dramatically boosting the volume of submissions to JDE.

He also hailed Dr. Brown for helping junior faculty navigate the process of writing and submitting manuscripts.

Added Dr. Valachovic, "Jack is an incredibly bright, intuitive and forward-thinking scholar who has had tremendous experience and has brought a wealth of that experience to the world of dental education—and we are better for it."

One of Dr. Brown's longtime colleagues interviewed for this article claimed he had found a flaw in the DSA recipient's character: he can't say no.

"I mean he would never say no" to a request for help, said Dr. Albert Guay, ADA's chief policy advisor and a close friend of Dr. Brown's. "He would say yes and then figure out how to do it."

In such flaws are found the seeds of greatness. ■

—berryj@ada.org

How-to guide for IME

ADA resource covers use of incurred medical expense option to cover dental care costs

BY STACIE CROZIER

A new resource developed by the ADA Council on Access, Prevention and Interprofessional Relations offers dental professionals, state and county Medicaid caseworkers and nursing home residents and their representatives information on how to use the incurred medical expense mechanism—or IME—to cover dental care costs.

The IME option, widely used by residents who need new eyeglasses, hearing aids or podiatry services, can also be applied to dental services that are medically necessary but not covered by Medicaid, said Dr. Gregory J. Folse, a member of the ADA National Elder Care Advisory Committee.

"The law is not new, but the dental profession has not widely applied it to funding for needed dental care," said Dr. Folse. "Using the IME option requires state governments to process a fair amount of paperwork and there is a learning curve for dentists, nursing homes, patients and government representatives. But now dentists have a tool that they can use to understand how they can treat patients they serve in nursing homes and get paid for the services they provide."

Essentially, the process enables nursing facility residents to use their monthly income, usually applied to their nursing home care, to receive health care services not covered under Medicaid. The resident makes an arrangement with the caseworker to reduce his or her payment toward expenses at the nursing facility during that month and use the funds to pay for the health care services. Medicaid temporarily increases the amount it pays to the facility, so the end result is that the patient receives the care, the health care provider is paid at his or her private rate and the nursing home is still receiving its normal monthly fee.

Dr. Folse

Dr. Helgeson

The document (found at "www.ada.org/sections/professionalResources/pdfs/ime_documents.pdf") includes guidelines for three distinct groups: dental professionals; state and county Medicaid caseworkers; and nursing home residents and their representatives.

"We're very excited to provide this information to dentists across the U.S., as well as to caseworkers, patients and their nursing facility staffs," said Dr. Folse, "because it gives dentists the opportunity to increase access to care for this population group. This document will also give guidance to nursing homes and health department staff on how to implement this funding mechanism."

"The process of using the IME option is not intuitive and is quite complicated," said Dr. Michael Helgeson, another NECAC member. "It can take four or five months to have state and county government agencies, nursing facility staff, patients and families all up and running. But it's vastly better for the seniors in nursing facilities to receive needed services and it also gives providers the opportunity to receive their private rate."

The IME option is just as accessible for private practice dentists as it is for group practices, Dr. Helgeson added.

"If a private dentist wants to serve a local nursing home, using the IME option can really open up opportunities for him or her to serve people in the community who really need the care." ■

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Dental Benefits

ADA/NADP share views on educating front office staff

The front office staff at a dental practice is often on the front line. They're communicating with patients, educating them on their benefits and helping them understand all of their options. These integral tasks make it important for dental office staff to be informed on what they're telling patients.

This topic relaunches a series of ADA News articles about the dental benefits industry's Top 10 concerns submitted to the ADA about dental claims processing. Articles have been periodically published since 2006 examining the Top 10 dental claims concerns that dentists reported.

The series was developed in response to the Council on Dental Benefit Programs' discussions with the National Association of Dental Plans and the payer industry to facilitate communication and help reduce common claims problems for members and patients. NADP member companies represent around 90 percent of the estimated 166 million Americans covered by dental benefit plans.

"To address the concerns voiced by members, CDBP maintains an ongoing dialogue with third-party payers," said Dr. Chris Smiley, CDBP chair. "In order to build better understanding, we are pleased to provide a forum for benefit carriers to share their top concerns with dental offices and our ADA response. We hope you will find this series helpful in resolving difficulties you may have with the claims submission and adjudication process."

The articles will include perspectives from ADA members, NADP members and CDBP. Future topics include prompt resolution of patient complaints, how fees for services are developed, diagnostic codes, recommending treatment outside of dental benefits plans and supplying enough dentists to meet demand.

Dr. Smiley: "CDBP maintains an ongoing dialogue with third-party payers."

Visit "www.ada.org/thirdpartyconcerns" to read other installments in the series. For more information about dental benefits issues, call the ADA toll free or send an email to "dentalbenefits@ada.org". ■

Education of dental office staff

Dentist perspective

The ADA agrees that education of dental office staff can go a long way in helping a dental office submit dental benefit claims in a timely and efficient manner. The same holds true for dental insurance companies. Companies that have a trained and educated customer service staff can greatly assist dental offices with questions and concerns while filing dental benefit claims.

It was also noted that many plans provide online information to network providers. Since the benefit plan is for the benefit of the patient and because the patient has the right to enact a point of service option, all online information should be available to any willing provider and not limited by network participation status.

Several of our member dental offices have reported that often there are long wait times to speak to a customer service representative and this takes time away from dental office staff that have other responsibilities as well. Another suggestion that would greatly help dental offices is the ability for the dentist to speak with a dental consultant when a claim has been denied or when the carrier has asked for specific information. Allowing the dentist to speak to a dental consultant on a professional level can help to resolve problems and concerns quickly and can help speed up the claim adjudication process.

ADA resources for dental practice staff

The ADA has valuable resources available to help dental offices understand dental benefit plan design, third-party issues, procedure coding and claim submission.

To start, there are currently three courses prepared by the Council on Dental Benefit Programs that are posted on the Internet at "www.adaceonline.org". Each of these programs offers continuing education credit.

(1) Dental Benefits 101 is designed to educate dentists on the various types of dental plans in the marketplace and how these plans can affect their patients. This includes a discussion of the various cost containment measures used by dental plans to control costs.

(2) Introducing the Code: What It Is and How It Works for You is a general introduction to Current Dental Terminology and its Code on Dental Procedures and Nomenclature and how CDT codes are used when preparing claims.

(3) The Code: Changes Published in CDT 2011-2012 is a self-guided introduction to what has changed in the version of the Code effective Jan. 1. In addition to identifying each change, the program explains why these changes were made.

A popular brochure titled, Why Doesn't My Insurance Pay for This? (available for purchase at "www.adacatalog.org"), is designed to help patients understand dental insurance by explaining why some procedures are not covered and it describes annual maximums, preferred provider organizations, least expensive alternative treatment clauses, pre-existing conditions and treatment exclusions.

Dentists and practice staff seeking assistance on third-party issues, claim submission or procedure codes are encouraged to call the ADA's Member Service Center at the toll-free number. In addition, if you wish to provide the ADA with information on challenges you've experienced with third-party payers, please visit "www.ada.org/702.aspx" and complete the online request for assistance form. Specific questions on dental procedure coding may also be sent by email to "dentalcode@ada.org".

Another valuable resource for dentists is the annual National Dental Benefits Conference which is scheduled for Sept. 14, 2012, at ADA Headquarters in Chicago.

The conference is sponsored by the ADA's CDBP and consists of a full day of informational presentations and seminars regarding the dental benefits industry and how it may affect your practice. There is a $50 registration fee and dentists receive CERP continuing education credits for attending.

Finally, for dentists considering joining a dental preferred provider organization, dental health maintenance organization or a discount dental plan, the ADA's Contract Analysis Services educates members, in clear language, regarding the terms and provisions contained in participating provider contracts. ADA members can utilize this service at no charge by submitting a contract analysis request through their state dental society. For more information on the ADA Contract Analysis Service, go to "www.ada.org/memberlegal" or contact your state dental society.

Dental benefits industry perspective–communications methods and training

An efficient front office staff is key to a thriving dental practice. A top-notch front office staff greatly improves the odds for timely receipt of claims payments and patient goodwill, both critical factors in maintaining a thriving practice. A savvy front office staff has an in-depth knowledge of CDT codes, plan participation, benefit designs and claim filing requirements crucial to ensuring pertinent information regarding each patient is communicated swiftly and accurately. The result: expedited reimbursement to the rendering dentist.

Another key element to operational success is communication. Today's technology makes it easy and cost-effective for the modern dental office to communicate quickly and efficiently via electronic formats. Email, web portals and other electronic communication are ideal for keeping insurance plans and dental offices connected and in synch.

Most dental benefit companies have Internet and electronic communication capabilities to enable easy access to patient information and related documentation. Improved flow of information in a prompt, efficient manner—allowing the streamlining of daily tasks, reducing errors, manual processes and overall labor costs—is an attractive benefit.

For dentists participating in network plans, many benefit companies offer access to an array of network information and related documentation through their websites, portals or other electronic means. Provider manuals, network updates, fee schedules and other vital information may be accessed online; making use of these online resources ensures documents are always current, and eliminates postage and handling costs. Specific patient eligibility information, claims and remittance advice are also often available through the benefit company's secure portal, reducing the need to call on eligibility or to check the status of pending claims.

The establishment of office protocols for proper and acceptable Internet usage along with filtering software will allow for a safe and proper online environment while affording the office staff the advantages and many benefits of the Internet.

A real-time communication exchange between front office and dental plan staff using available technology and plan tools should be the ultimate goal, allowing for a more informed, accurate and efficient experience for the dental office, the benefits company and the patients.

Tips:

- Use the National Electronic Attachment (NEA), FastLook, to identify dental benefit company attachment requirements.
- Get a complimentary FastLook subscription for 2011 at "www.nadp.org".
- Consider electronic claim submission to transmit documents for rapid reimbursement.
- Use the current ADA Dental Claim Form as published in the ADA Practical Guide to Dental Procedure Codes.
- Refer to dental benefit company websites for eligibility, specific plan coverage information and claim status information.
- Be familiar with and utilize the latest ADA CDT codes for claim submission.

Dental benefits industry perspective–understanding dental benefits and role as payer

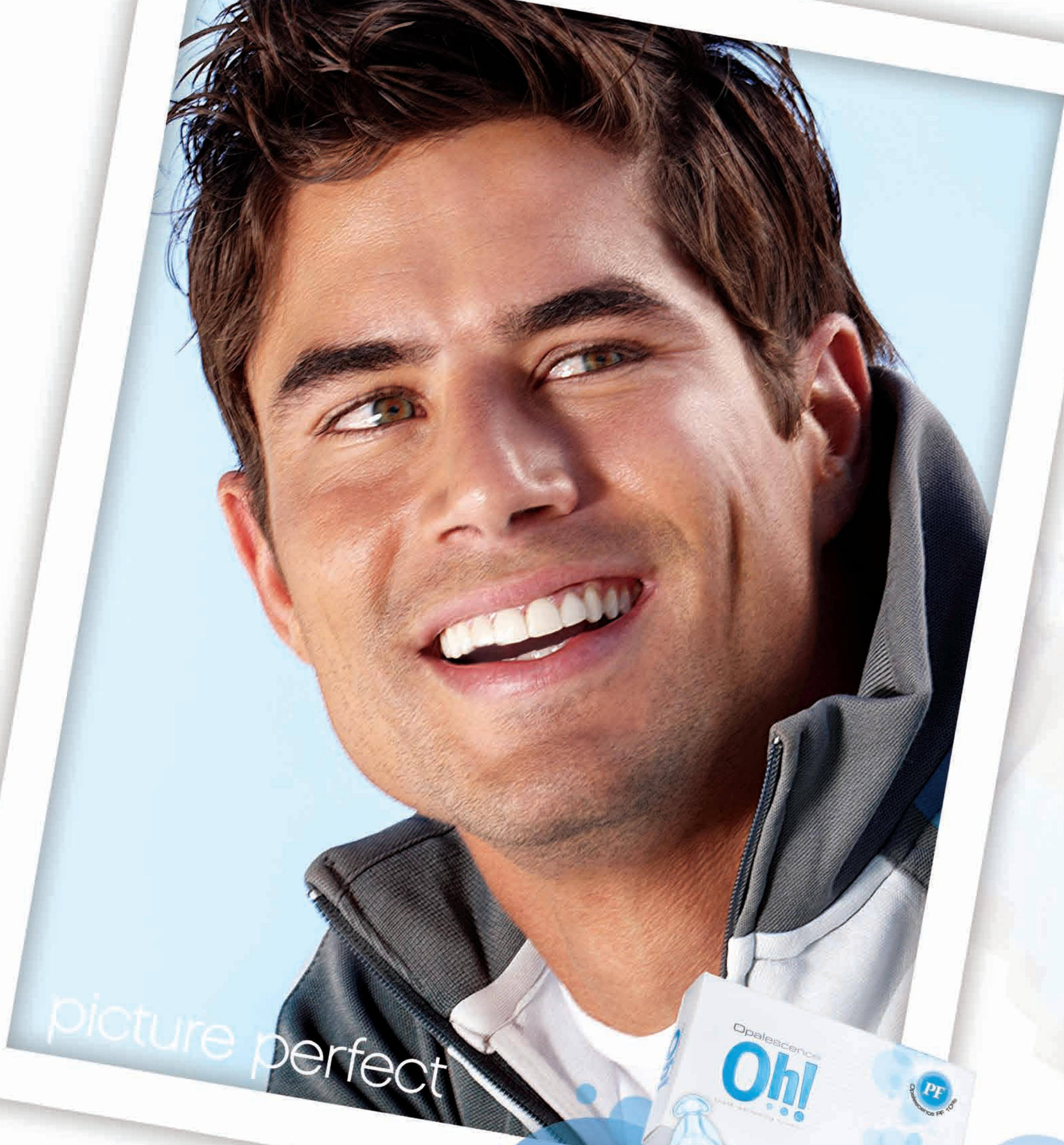
It's a common scenario. Patients do not know the coverage details about their own dental plan and expect your office staff to be the experts in this area. It's a communications gap encountered by dental offices on a daily basis: the patient's general understanding of having dental insurance, versus the reality of actual reimbursement for services they receive.

Managing patients' expectations of the level of benefits from their dental plan can be challenging. Often a patient's expectation of having a dental plan can be roughly translated to the plan will pay for everything. With guidance from dentists and their office personnel, patients can better understand the role of dental plans through a few essential points.

Patient expenses: Plans are designed to assist patients with their oral health costs, not reimburse them totally for all types of dental treatment. Few, if any, dental plans today are meant to insulate covered patients from all out-of-pocket expenses.

Affordability: Most plans have generous benefits for preventive and diagnostic care, and provide helpful reimbursement for procedures such as extractions, fillings, root canals, periodontal

See ADA/NADP, page 23



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Tooth whitening brochure helps explain options

Many patients want brighter smiles but they may not understand the limitations or risks of treatment.

The Ask Us About Tooth Whitening brochure explains the difference between at-home and in-office whitening. It details the active ingredients and relative strengths of various products.

The brochure also discusses possible side effects and cases when bleaching is not advisable. Patients will also be able to see before and after photos.

Ask Us About Tooth Whitening, an eight-panel brochure, can be purchased in the ADA Catalog under product number W285. A personalized version of this brochure is also available under product number DAB026.

From now until Nov. 30, save 15 percent on all patient education products with priority code 11181. For more information or to place an order or request brochure samples, call 1-800-947-4746 or visit "www.adacatalog.org". ■

Dental Practice Hub offers resources on business associates, patient financing

What are business associates and how do they fit into a dental practice?

Find out at the Dental Practice Hub, "www.dentalpracticehub.ada.org", which has updated topics and information useful to dentists.

Under the Business Associate section, "www.ada.org/members/6213.aspx", dentists will learn that a business associate is a person or company who needs access to the dental practice's protected health information to perform an activity on behalf of the practice. They can also receive guidance on whether they need a business associate agreement with their associate dentist or dental laboratory; what happens to patients' protected health information when a business associate relationship ends; and information concerning performing due diligence when selecting and monitoring a business associate.

The Dental Practice Hub also offers a downloadable brochure that helps patients understand more about how financing works.

The brochure, available at "www.ada.org/members/6169.aspx", also explains the difference between no interest and low interest credit plans, how to determine the right plan for their circumstances and how to use credit wisely. The brochure is available as a PDF in both English and Spanish and can be customized for an individual dental practice. ■

BRIEFS

Continued from page one

For dentists who bill Medicare for patient services, starting in 2015 Medicare reimbursement rates will be affected if "meaningful use" of EHRs has not been demonstrated.

The hub (found online at "www.dentalpracticehub.ada.org") provides ADA members with access to practical tips, expert sources and the latest news and research about how dental offices can prosper today and in the future. ■

Education of dental office staff

ADA/NADP

Continued from page 20

treatment, major restorations and oral surgery. Some include benefits toward orthodontics. But plans remain affordable through the use of co-payments, co-insurance, deductibles, plan exclusions, frequency limitations, annual or lifetime maximums and payment based upon alternative methods of treatment.

Treatment options: All treatment options are available to patients; there are no restrictions to patient choices. Dental plan administrators do not attempt to determine treatment but provide benefits within the confines of the contractual agreement with the plan sponsor (employer). With dental plans serving the role of providing reimbursement with limitations, dental offices can work with the patient in balancing expected plan payment, overall affordability and oral health needs to determine the best treatment possible.

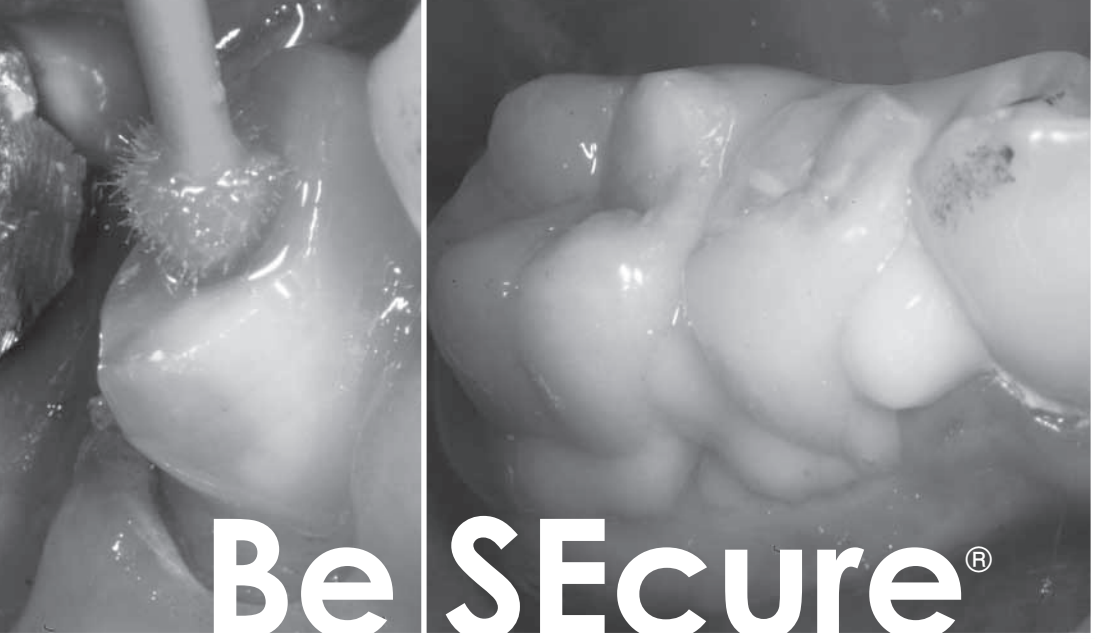
Tips:

• Determine the patient's benefit plan type, and explain the benefit. Patients enrolled in medical HMOs, for example, may not know their dental benefit is a PPO plan or even understand the difference. They may even be unaware their dental benefit is with a different company from their medical coverage.

• Emphasize first with the patient what the plan does cover, to more easily set the stage for what it may not.

• Help patients understand a primary goal of dental benefits is to encourage them to receive preventive care at a dental office on a regular basis. ■

—Compiled by Kelly Soderlund



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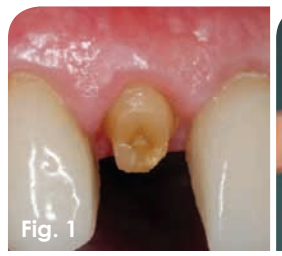
- **SIMPLE CLEAN-UP**
  After applying SEcure, excess can be removed quickly and easily from a restoration.



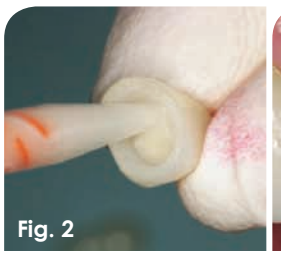
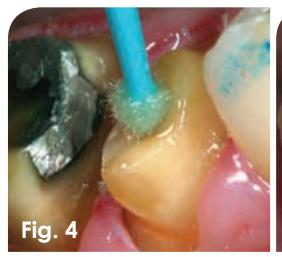


Figure 1: The patient presented with a fractured abutment on the upper right lateral incisor, and a well-matched porcelain crown in their hand. **Figure 2:** The tooth surface was conditioned with an application of SEcure Self-etch Primer, and SEcure Adhesive Resin Cement was placed directly into the 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)



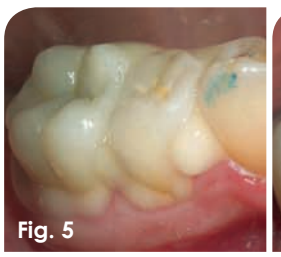


Figure 4: Application of SEcure's 4-META-based Self-Etch Primer prepares an optimal surface for the resin cement to bond to. **Figure 5:** SEcure flows effortlessly out of its auto-mix syringe, to provide simple, complete seating of prostheses. **Figure 6:** Excess cement peels off cleanly, without scraping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

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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:

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- **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).
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  Translucent Shade (S272) • **White Opaque Shade** (S273) • **Dentin Shade** (S274)
  Includes one (9g) syringe, plus 10 mixing tips.
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