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ADA News - 01/03/2011

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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

JANUARY 3, 2011 VOLUME 42 NO. 1

HHS delays PECOS enforcement

BY CRAIG PALMER

Washington—Medicare officials Dec. 16 announced a delay in PECOS enforcement to at least July 5, 2011, "to give CMS more flexibility to determine the appropriate date for nonpayment of claims that fail the ordering/referring provider edits."

Medicare requires ordering and referring providers to enroll in the government insurance program or opt out but delayed enforcement "with a placeholder future implementation date of July 5, 2011." Medicare's Internet-based Provider, Enrollment, Chain and Ownership System is managed by the Centers for Medicare & Medicaid Services, a Department of Health and Human Services agency. (See the website, "www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp" for more information.)

Two CMS regulatory notices issued Dec. 16 said, "The implementation of Phase 2 of this change request is being delayed and will not begin on Jan. 3, 2011." Change requests 6417 and 6412 rescind and replace Feb. 26, 2010 notices.

The PECOS regulation is intended

See PECOS, page 19

Photo courtesy Haitian Health Foundation

Food for the hungry: Dr. Jeremiah Lowney gives a young Haitian child peanut butter and crackers as part of a food distribution program through the Haitian Health Foundation he founded.

Humanitarian honored

Dr. Jeremiah Lowney receives ADA award

BY STACIE CROZIER

Norwich, Conn.—In 1982, Dr. Jeremiah Lowney, a successful 45-year-old orthodontist and community leader, was enjoying his family, his connections and the fruits of his labors, when a life-threatening illness and a life-changing mission trip pointed him in a new direction—Haiti.

His tireless dedication to serve the poor by providing health care, food, shelter and much more has been recognized with the 2011 ADA Humanitarian Award.

Nearly 30 years ago, recovering from surgery and radiation to treat a rare form of bladder cancer, Dr. Lowney could have cancelled a long-planned mission trip, but instead he took a refresher course in extractions from an oral surgeon colleague, packed his instruments and headed for Mother Teresa's Home for the Dying in Port-au-Prince.

After three years and 12 mission trips, Mother Teresa asked Dr.

See DR. LOWNEY, page 18

ADA supports FDA panel's recommendation for continued amalgam research

BY CRAIG PALMER

Gaithersburg, Md.—The ADA commended an advisory panel's call for continued research while offering support for the Food and Drug Administration's current amalgam regulation. The panel found that FDA acted appropriately in ruling last year that dental amalgam is a safe and effective treatment option for the general population.

"The panel recommended continuing review of existing and new scientific information as it becomes available," said Dr. Raymond F. Gist, president of the American Dental Association. "As a science-based organization representing a science-based profession, we support this."

The dental products panel Dec. 15 concluded two days of public hearings on FDA's regulation of dental amalgam as a medical device.

"As with all clinical issues, our position on amalgam is based on the best available science," Dr. Gist said. "We will continue to maintain or revise our positions on oral health and oral health care

See FDA, page 19

BRIEFS

HIPAA kit: The new ADA Health Insurance Portability and Accountability Act and Occupational Safety and Health Administration Compliance Kit is composed of the ADA's best-selling products, including:

- HIPAA Manual, CD-ROM and Update Service through January 2013;
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Dentists who buy the kit can save more than $160 off the individual prices of those items.

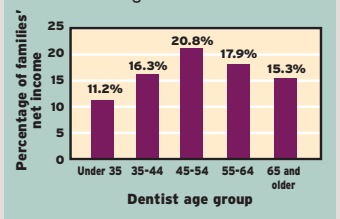
The ADA HIPAA and OSHA Compliance Kit (K014) is $500 for members and $750 for nonmembers. Use priority code 10442 now through Jan. 31 to save 10 percent.

All ADA products are available online at "www.adacatalog.org" or by calling 1-800-947-4746. ■

JUST THE FACTS

Saving money

The age group saving the highest percentage of their families' net income for retirement is dentists aged 45-54.



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

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NY Times looks at cone-beam computed tomography

BY JENNIFER GARVIN

In response to a New York Times article on cone-beam computed tomography, the ADA reaffirms its support for the judicious use of all diagnostic imaging techniques and procedures that emit radiation.

The Nov. 22, 2010, article, "Radiation Worries Rise with 3-D Dental Images," centered on cone-beam computed tomography in dentistry, and reinforced the Association's long-standing position that dentists should always apply the "As Low as Reasonably Achievable" principle to reduce radiation exposure to patients.

This approach works by determining the need for and type of radiographs to take; using best practices during imaging, including the application of quality control procedures; and interpreting the images completely and accurately.

The Times article also reinforced the ADA Council on Scientific Affairs 2006 report, "The Use of Dental Radiographs: Update and Recommendations," which discusses the implementation of proper radiographic practices, concluding, "Dentists should weigh the benefits of dental radiographs against the consequences of increasing a patient's exposure to radiation, the effects of which accumulate from multiple sources over time."

In 1989, the ADA began publishing recommendations for reduced radiation exposure on all patients, especially children, women of childbearing age and pregnant women. The Association also recommends the use of the fastest image receptor compatible with the diagnostic task.

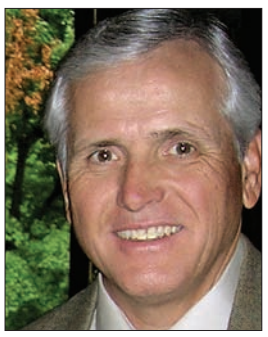
For more information about the ADA's positions on radiation, visit "www.ada.org/policiespositions.aspx". ■

—garvinj@ada.org

ViewPoint

MyView

You might be right



Joseph Tomlinson, D.M.D.

One of the important benefits of attending organized dental meetings is the opportunity to visit and share good times with colleagues and friends—with the occasional result of being exposed to a totally new and unexpected helpful idea. One such lesson I learned occurred while attending an ADA meeting with my wife, Dot, in Washington, D.C., several years ago. We had gone to the meeting for the purpose of my attending a few continuing education courses, and to balance that out with a tour of the city.

While sitting in a gathering place for our tour to begin, Dot and I had a difference of opinion about something, and we began to bicker over it. I didn't like something about her plan and she didn't like that I was critical of it, and that I was also critical of her thinking and her intelligence. Two dentist couples sitting near us overheard our disagreement and one of the dentists spoke up and said, "She might be right." We both interrupted our discussion and turned to him to see if it was someone we knew. We had never met any of the four people before but it was clear they had been listening to us and were distracted by our discussion.

The dentist politely introduced himself and indicated that he had overheard our discussion, and asked if he might offer a suggestion to us. Of course we politely said, "Sure, what is it?" What else could we do, continue to bicker with him standing there? He explained to us that he and his wife used to bicker frequently, as we had been doing, and it nearly cost them their marriage—until they went to marriage counseling and learned this one valuable lesson he was about to share with us. His wife nodded strongly in agreement, as she knew what he was about to tell us. He said that what they learned was simple yet profound, and it changed the way they communicated with each other. Before long they were enjoying being together again and their marriage grew much stronger and better than before. He said the thing that most profoundly affected their lives was learning to form the thought and use the phrase "you might be right." This resulted in their interacting with each other in a more positive way whenever they disagreed over something.

The dentist went on to tell us that he considered himself better educated and better trained than his wife, and therefore smarter than she was, not only in areas of his professional expertise but in most areas of their life. Of course, that was exactly what I thought about myself, as well, so he had my attention. The dentist told us he had a tendency to discount his wife's opinions when there was disagreement, tending to put down her ideas as inferior to his own and therefore not carrying the same weight in any decisions that affected them both. That really rang true for me, as well.

To be sure we didn't miss the point he was making, he again told us that the lesson he was taught in counseling, and the message to take away that day was this: before ever disagreeing with a person on something they have said, the first thing to do is to acknowledge their opinions by using the phrase "you might be

See MY VIEW, page five

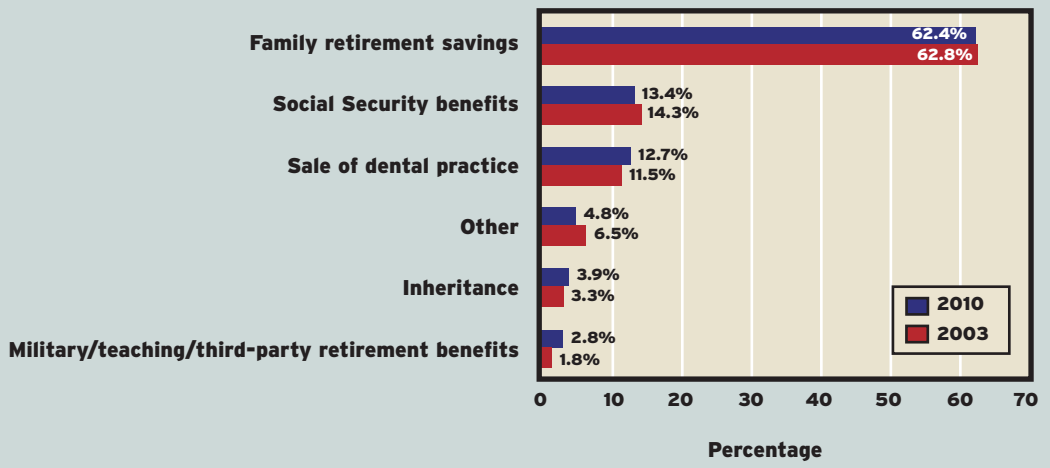
LettersPolicy

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; e-mail to "ADANews@ada.org".

SNAPSHOTS OF AMERICAN DENTISTRY

Retirement income source

Nearly two-thirds of dentists surveyed this year expected that family retirement savings would account for their annual retirement income. That statistic has remained virtually unchanged since 2003.



Source: American Dental Association, Survey Center, *2010 Survey on Retirement and Investment.*

Letters

Chasing storms

I just received the Nov. 15 ADA News to instantly recognize Dr. Thomas Howley on the front page ("Dentist Weathers Career Change"). In the middle of June, Tom and I, along with others in our group, experienced two days of storms we will never forget: 16 tornadoes the first day followed by 13 the next, ranging from thin to giant wedges, F0 to powerful F5.

I have chased, when able, tornadoes and severe storms since the '60s. I found Tom to be a very knowledgeable storm chaser and a pure pleasure to talk to. I went with Silver Lining Tours for two years to get up to date on storm chasing and will be chasing again on my own.

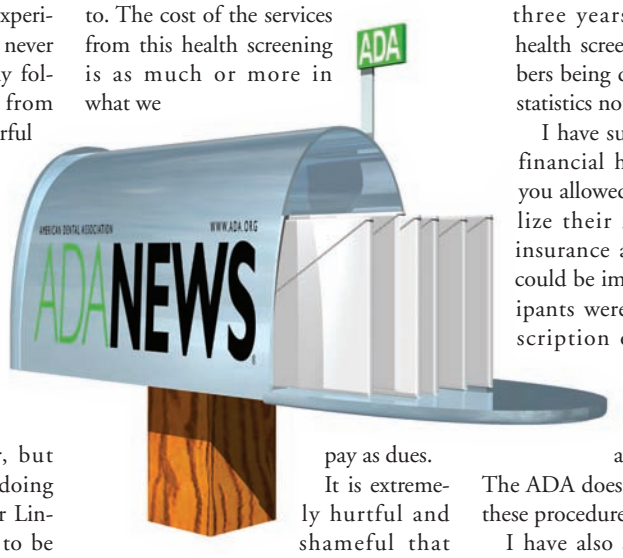
The storms are spectacular, but unless you know what you are doing they can be deadly. I found Silver Lining Tours, who Tom works for, to be highly professional. Roger Hill and David Gold, Ph.D., meteorologist, are co-owners. Roger is tops in storm chasing.

Thank you for the article.

James D. Hooper, D.D.S.
Edmond, Okla.

Health screening

I have participated in at least 38 health screenings over the years at the ADA annual session. I look forward to this member benefit every year as do many other dentists. This program to me is the best member benefit of any professional or nonprofessional organization that I have ever belonged to. The cost of the services from this health screening is as much or more in what we pay as dues.



It is extremely hurtful and shameful that exactly six weeks before the meeting, the screening was cancelled. It was cancelled well in advance before the San Antonio meeting so that the membership was duly appraised.

You then informed the members that you were reformulating the health screening program as well as allowing for advance reservations so that there will not be long lines as in the past. The Hawaii meeting was the first evidence of this new format and it went over well with advance reservations that prevented long lines and waiting time to participate in the health screenings.

I along with many other dentists looked forward to the health screening in Orlando. Now two out of the past three years there have been no health screenings with many members being disenfranchised and vital statistics not being accumulated.

I have suggested in the past that financial help could be found if you allowed the participants to utilize their major medical health insurance and/or Medicare. This could be implemented if the participants were allowed to get a prescription or referral from their physicians for these various tests to be billed to their health insurance and/or Medicare. The ADA does charge fees for many of these procedures.

I have also suggested that because the ADA meets in large cities where there are residency programs at teaching hospitals, the ADA could find out if residents could assist in the screening in audiology, cardiology, ophthalmology and podiatry along with the usual blood chemistry and mercury levels as well as allergy testing, oral cancer screening and other tests that are part of health screening.

See LETTERS, page five

MyView

Continued from page four

right." He has learned that this simple phrase used in any discussion with anyone goes a long way in arriving at a decision that both parties can feel good about without hurt feelings.

It really is a simple thing to do. "You might be right" first acknowledges that the other person in fact might be right, which of course they are quite certain of, but it then allows them to feel recognized for their thoughts and ideas, and puts that person in a position to be willing to now listen to the other person's differing point of view. More importantly, it gives our own mind a moment to pause and think about how best to present our differing viewpoint in a palatable way to the person we are communicating with. Or, alternatively in that moment our own brain might decide that maybe the other person is on the right track and there is no need to pursue a differing point of view. End of discussion.

I am not a trained psychologist or counselor and may be missing some additional reasons why this is so helpful, but I have found it to be a great suggestion and helpful whenever I remember to employ it. Whenever I forget to employ it, I quickly realize when and why the discussion is not going well and try to help redirect it by thinking and saying that simple phrase.

Occasionally I witness discussions among people, be they dentists or others, where neither party is using this important communication tool. If you are one who occasionally finds yourself in stressful disagreements with a spouse, children, parents, staff, colleagues or others in your social groups, I recommend practicing this phrase on your way to and from work each day, or whenever you have a quiet moment to think, until it becomes second nature to you. It could make your communications with others a lot more pleasant.

While most of us don't need any reminding or encouragement to attend organized dental meetings, for those who are reluctant to attend such meetings, I recommend regularly attending them and striking up conversations with people sitting close to you. You never know what helpful ideas might emerge—ideas that might be even more profound than what you hear in a three hour CE lecture. While CE programs are highly recommended for your professional development, that isn't necessarily where you will gain the most useful ideas or knowledge to help you enjoy a better life. Not attending meetings with friends and colleagues will surely mean you will miss out on a lot of great ideas, the making of new friends, as well as some very valuable camaraderie with old friends. Keep this in mind the next time you receive a flyer for a Colorado Dental Association or ADA meeting.

Dr. Tomlinson is the editor of the Journal of the Colorado Dental Association. His comments, reprinted here with permission, originally appeared in the fall 2010 issue of that publication.

Letters

Continued from page four

I hope that the meeting in Las Vegas next year will not be a "crap-shoot" and that you will definitely have the Health Screening Program.

Robert Trager, D.D.S.
Hollis, N.Y.

Editor's note: The 2010 ADA House of Delegates has reinstated the Health Screening Program for the annual session in Las Vegas in 2011. The House action (Resolution 71H-2010) reinforced the importance of the HSP as a research tool, providing the largest national database on the health of dental professionals.

Two sides

The Nov. 15 ADA News is one of the most disheartening publications I've read in years. Your several stories about the election of yet another far-right conservative dentist to Congress ("Dr. Gosar Credits 'Teamwork' for Election to Congress") reflects what I fear has always been true of the ADA: admiration and service to the most socially and economically conservative institutions of power in our great country.

I don't question Dr. Paul Gosar's sincerity—just his philosophy. The ADA's pursuit of the most reactionary forces in our nation have long been a hallmark of this organization, and I am distressed that you approve of the ADA's widespread desire to deny the recently enacted benefits of the health care law to so many economically challenged Americans. You certainly give our newest congressman an unqualified vote of confidence in his intention to work for repeal of this groundbreaking advance in our public's health.

Believe it or not, there are dentists who are liberal and liberals who are dentists—and patriotic, besides. And many of them who are at least as desirous of serving their fellow citizens as they are of financial success and who opt for a career of public or military service rather than the small business of private practice. Many, in fact, choose a career in education. Their patriotism is certainly on par with other ADA members.

This issue of the ADA News would make me question my ADA membership if I were at the beginning of my career.

If you think this letter was written in haste and dismay, you'd be absolutely right.

Samuel W. Askinas, D.D.S.
Colonel (Ret.), U.S. Air Force
Executive dean & professor emeritus, Tufts University School of Dental Medicine
Professor emeritus, Nova Southeastern University College of Dental Medicine
Boynton Beach, Fla.

Editor's note: This year, as in years past, ADPAC giving is bipartisan with 50 percent of contributions going to Democrats and 50 percent going to Republicans.

Marketplace

Dentists see slow economic recovery for themselves, patients

BY KELLY SODERLUND

Dentists who participated in an ADA survey on economic confidence are still dissatisfied with the rate the economy is improving, according to results released last month.

"Dentists who were eager to see the economy turn around, not only for themselves but for their patients, may be impatient at the lack of improvement they've seen so far," said Dr. Stephen Glenn, chair of the Council on Dental Practice. "That impatience may be translating into the answers they provided for the survey."

The third quarter of 2010 brought a continued downturn in net income, gross billing, new patients, treatment acceptance rates and several other indicators compared to last quarter, according to the ADA Quarterly Survey of Economic Confidence.

"The continued downturns seen in the third quarter of 2010 are consistent with the perception of an economic recovery that is not moving fast enough or is slowing," according to an executive summary for the survey.

About 2,000 dentists responded to the survey, which was the eighth in a series of reports that collected information on the current economic condition of dentists' practices as well as their thoughts on future economic conditions.

Among the third quarter findings:

• Fewer dentists reported more favorable net income conditions and no change in their net income conditions. Specifically, about 4 percent fewer dentists reported more favorable income conditions and 3 percent fewer reported no change since last quarter.

• More than 5 percent fewer dentists reported more favorable conditions in their gross billing index compared to last quarter and more than 2 percent reported no change.

• The number of new patients also remained on a downturn. Nearly 5 percent fewer dentists reported no change from last quarter, with the majority of that group moving into the category listing them as having a decreased number of patients.

It's the second quarter in a row where the indicators have moved down but the ADA's Survey Center doesn't believe it means a new deep downturn in the dental sector is on the horizon. Historically, the fourth quarter survey shows an upswing that continues into the first quarter.

"The future confidence in the economy indicator posted no new decline in the third quarter, signaling no further erosion in confidence albeit at a low level of confidence," the summary stated. "If we see a continuing decline in the survey's indicators in the fourth quarter of 2010, that provides support for the belief that there will be greater adversity for dentists in 2011."

Jeff Johnson, optometrist and a senior medical technology analyst for Robert W. Baird & Co. Inc., a financial services firm, believes data from when the survey was taken this fall may already be outdated.

"Consumers are feeling a little bit better today than even a few months ago," Dr. Johnson said. "And that could translate 3, 6, 9 months from now in modest improvements in dental visits."

Macro data points in the economy, such as jobs and consumer spending, are getting better, he said. Historically, investors will tend to buy dental stock when they believe the macro points are improving, Dr. Johnson said.

"The stock market is a leading indicator and a lot of investors start to look for ideas when they think fundamentals will improve 6 to 9 months down the road," Dr. Johnson said.

Dr. Johnson attended the Greater New York Dental Meeting in November and said he saw an uptick in the demand for dental equipment, which could signal better things to come.

"Consensus seems to be that a shallow domestic dental consumables recovery is continuing, while dental equipment demand continues to grow in the low to mid-single digits," Dr. Johnson wrote in a company newsletter.

National statistics continue to remain dismal. November's unemployment rate edged up to 9.8 percent, up from 9.6 percent in October, according to the U.S. Bureau of Labor Statistics.

Despite their own economic woes, dentists remain responsive to their patients' needs. The ADA's survey asked dentists to indicate whether they had taken any action in the past year to accommodate the changing needs of their patients.

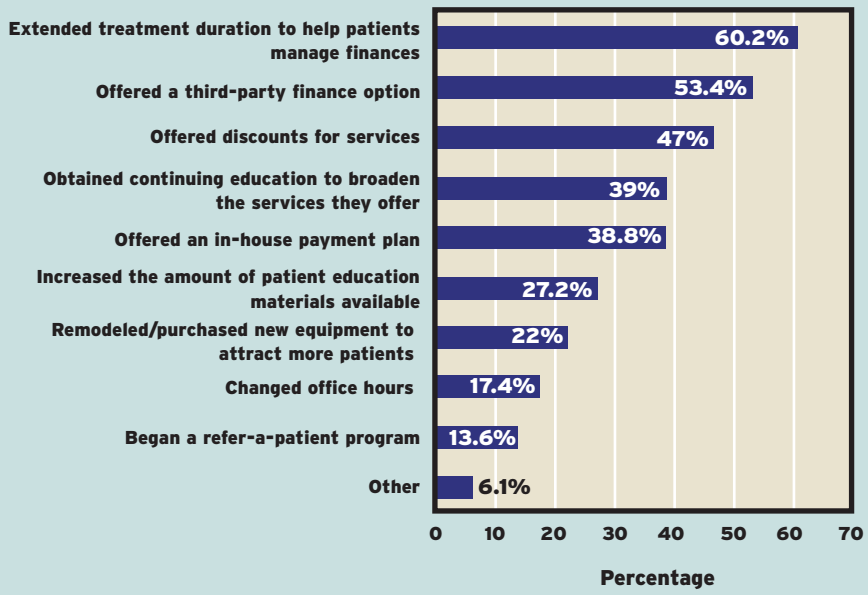
In the last year, more than 60 percent of dentists reported that they extended treatment durations to help patients pay for their care; more than 53 percent reported that they offered patients third-party financing to pay for care; 47 percent reported that they offered patient discounts; and nearly 39 percent reported that they offered in-house financing to patients.

"Dentists are doing many things to make care affordable and accessible for their patients, as this survey demonstrates," said Dr. Mike Halasz, chair of the CDP's Subcommittee on Economic Issues. Halasz suggests members visit the Dental Practice Hub, "www.dentalpracticehub.ada.org", for more tips on how to adjust to the economy. ■

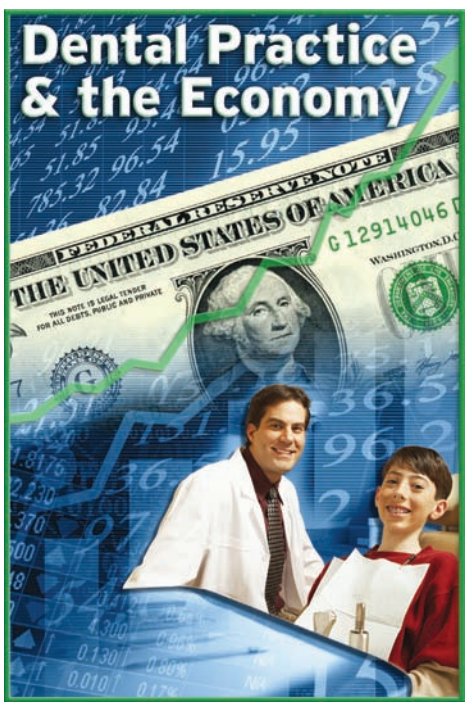
—soderlundk@ada.org

Helping patients

Dentists were asked to indicate whether they had done any of the following to accommodate the changing needs of their patients.



Source: American Dental Association, Survey Center.



Honors: Dr. Greg Zeller, right, accepts the Corporate Leadership Award on behalf of the ADA Nov. 9. Also pictured are Jim Whicker, left, WEDI past chair, and Don Bechtel, WEDI chair-elect.

ADA receives WEDI awards

BY KELLY SODERLUND

The Workgroup for Electronic Data Interchange recognized the ADA for its commitment and involvement with the group's activities this year.

The ADA received the Corporate Leadership Award, which recognizes the WEDI member organization that displays the highest level of commitment to and corporate involvement in the work and activities of WEDI each year. The ADA has been a member of WEDI and served on the Board of Directors since WEDI was established in 1991.

Jean Narcisi, ADA director of dental informatics, received an individual award from WEDI. The Distinguished Service Award recognizes individuals who have provided significant leadership to the fulfillment of the mission, objectives, programs and overall volunteer activities of WEDI through participation in committees, workgroups, policy advisory groups, a board of directors or more.

"WEDI is dedicated to improving health care through electronic commerce, including electronic record-keeping and information exchange and management. This award recognizes the dedicated efforts of many individuals who represent the interests of ADA members in critical WEDI activities that directly affect the daily practice of dentistry," said Dr. Greg Zeller, a consultant to the ADA's Electronic Health Record Workgroup and vice chair of the Standards Committee on Dental Informatics, who attended the Nov. 9 ceremony and accepted the ADA's award. "In particular, Jean Narcisi has been instrumental in furthering ADA interests with WEDI. This well-deserved award recognizes Jean's tireless efforts and outstanding achievements with WEDI on behalf of the ADA members."

Ms. Narcisi serves on the WEDI Board of Directors; has been the vice chair of WEDI's programs and services; a member of the executive committee and the education committee; and co-chair to the WEDI National Provider Identifier Outreach Initiative. In addition to the WEDI activities, she provides staff support on electronic commerce issues for key ADA policy groups such as the councils, Board of Trustees and House of Delegates. Ms. Narcisi also contributes to cross-group and cross-association project teams, particularly on issues related to HIPAA, terminology, standards and electronic health records.

WEDI is a health care industry coalition that brings together a consortium of leaders within the health care industry to identify strategies for reducing administrative costs in health care through the implementation of electronic data interchange. ■

NCOIL adopts noncovered services model

BY KELLY SODERLUND

Austin, Texas—The National Conference of Insurance Legislators on Nov. 21 adopted a noncovered services model prohibiting dental insurers from limiting dentists' fees for services the plans don't cover.

NCOIL is made up of state legislators who are leaders of insurance policy in their respective states. For more than two years they've debated the type of model they want to promote to states considering noncovered services legislation. About 350 state legislators, insurance regulators, federal officials, industry and consumer representatives and representatives from the American Dental Association attended NCOIL's annual meeting.

"Many benefit plans are covering fewer services in an attempt to reduce premium costs," said Dr. Christopher Smiley, chair of the Council on Dental Benefit Programs and one of the ADA's witnesses at the NCOIL meeting. "It would be unfair to shift a common service formerly covered by a plan into a noncovered classification and then cap the allowed fee when the dental plan is now refusing to pay anything toward this care."

Fifteen states passed laws during the 2010 legislative session prohibiting insurance companies from controlling what a dentist may charge for services that a dental plan doesn't cover: Alaska, Arizona, California, Idaho, Iowa, Kansas, Louisiana, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, South Dakota, Virginia and Washington. Rhode Island was the first state in the nation to pass this type of measure in 2009, making 16 states with laws on the books. The NCOIL model serves as a template for states looking to pursue legislation in the future.

The states do not have to follow the model but it acts as a stamp of approval that state insurance legislative committee leaders believe the concept of insurance companies trying to control what dentists may charge for services they don't cover is unfair. Additionally, a large group of legislative leaders in insurance policy now will return to their states having supported a measure to prevent fee caps.

The new model defines covered services as "dental care services for which a reimbursement is available under an enrollee's plan contract or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments or any other limitation." It states that "no contract of any health care service contractor that covers any dental services and no contract or participating provider agreement with a dentist may require, directly or indirectly, that a dentist who is a participating provider provide services to an enrolled participant at a fee set by or at a fee subject to the approval of, the health care service contractor unless the services are covered services."

ADA resolves many insurance issues for members in 2010, page 14

While the ADA ultimately supported the spirit of the NCOIL model, it did express concern with some of the details. The adopted model deviates from ADA policy but is consistent with legislation already enacted in several states. ADA Resolution 79H-2010 states that the Association opposes any third-party contract provisions that establish fee limits for noncovered services; covered services is defined as any service for which reimbursement is actually provided on a given claim; and noncovered service is defined as any service for which the third party provides no reimbursement. The ADA sent several letters to NCOIL and appeared at the NCOIL hearings to provide testimony on the model legislation and to discuss the issue with state legislative leaders, outlining its concerns and restating the Association's policy.

"NCOIL's model is a compromise that achieves many of our goals. Failure to reach a compromise might have sent a negative message to states on the importance of this issue," Dr. Smiley said. "Passage of the NCOIL model will build momentum for similar legislation in states that have yet to achieve these protections for their dentists and each state can modify the model legislation to achieve what works best for their needs." ■

ADA Council on Dental Practice issues updated directories

The Council on Dental Practice has updated resource directories of dental appraisers and brokers and practice management consultants, which are available free to ADA members.

• The 2010 Directory of Dental Practice Appraisers and Brokers was compiled to help dentists find professional valuators and dental practice brokers that can assist with practice sales, retirement and estate planning, or developing associate or partnership agreements.

• The 2010 Directory of Practice Management Consultants was compiled to help dentists find consultants who can provide assistance in areas including financial planning, marketing, patient education, patient satisfaction surveys, personal issues, human resources, productivity and office efficiency.

The individuals and entities listed in these directories have paid to advertise their services in CDP's directories. A listing in these directories does not indicate and is not to be construed as an endorsement by the American Dental Association.

ADA members can download the directories free of charge from "www.ada.org/1692.aspx". Print copies are also available by calling the ADA toll-free, Ext. 4647, or by e-mailing Sabrina Collins at "collinssa@ada.org". The nonmember price for a printed copy is $15. ■

ADA unveils EBD recommendations for fluoride supplements, infant formula

Health&Science

BY JENNIFER GARVIN

In addressing the effect of dietary fluoride supplements on infants and children, an ADA Council on Scientific Affairs panel has concluded that the supplements, while effective, should only be prescribed for those at a high risk for caries and who lack regular access to fluoridated water.

The findings are published in the December 2010 issue of The Journal of the American Dental Association.

"Evidence-Based Clinical Recommendations on the Prescription of Dietary Fluoride Supplements for Caries Prevention" were developed by a 2008 CSA expert panel that conducted a full-text review of 23 articles that addressed the following clinical questions:

• When and for whom should fluoride supplements be prescribed?

• What should be the recommended dosage schedule for dietary fluoride supplements?

While the panel concluded that the supplements are effective in preventing caries, overuse could potentially lead to enamel fluorosis. They concluded by recommending that clinicians "be judicious" when prescribing and take consideration of a child's fluoride intake.

The January JADA contains new EBD recommendations on infant formula.

The article, "Fluoride Intake From Reconstituted Infant Formula and Enamel Fluorosis: Evidence-Based Clinical Recommendations," was based on the results of a CSA panel that concluded that when advising parents who use reconstituted infant formula as the main source of nutrition in their infants, clinicians can suggest liquid or powder formulas but should also advise them of the increased risk of enamel fluorosis.

The panel noted that children in one of the studies that reported severity found that 97 percent of children who developed enamel fluorosis presented with very mild to mild fluorosis limited to white striations.

The panel also stated that factors such as multiple and concurrent exposures to fluoride during tooth development—such as from ingesting toothpaste—make it difficult to assess the contribution of formula reconstituted with fluoridated water to an individuals' risk and further advised that for concerned parents, practitioners can suggest they use ready-to-feed formulas or liquid or powder formulas reconstituted with low-fluoride or fluoride-free water.

The panel based its recommendations after reviewing the evidence from two clinical studies and one systematic review that addressed whether or not infant formula mixed with fluoridated water put infants from birth to 12 months at an increased risk for enamel fluorosis.

Both sets of new EBD recommendations join similar Association recommendations on oral cancer, topical fluoride and sealants. Though EBD recommendations do not represent a standard of care, the ADA has developed the recommendations for practitioners to use as a resource in their clinical decision-making process alongside a clinician's judgment and experience in the context of a patient's individual needs.

For more information about the ADA's clinical recommendations, visit "http://ebd.ada.org".

To see the December and January issues of JADA, go to "http://jada.ada.org". ■

Review launches study on shade-matching instruments

BY JENNIFER GARVIN

The ADA Professional Product Review is collaborating with three dental schools—Virginia Commonwealth University, University of the Pacific and University of Iowa—and the Togus VA Medical Center in Maine on a new study that evaluates shade-matching instruments.

The study is a follow-up to the 2009 product forum at annual session and will address such questions as to whether digital shade-matching instruments agree with the color perceptions of the human eye and if dentists and patients differ in shade selection results.

"The color and appearance of teeth is a complex phenomenon and many factors influence the overall perception of tooth color," said Dr. David Sarrett, Review editor and dean, VCU School of Dentistry.

In September, ADA scientists gathered at VCU to provide training on the operation of four color-matching instruments, which include Clōn 3D's SpectroShade Micro, Olympus' Crystaleye, Vident's Vita EasyShade Compact, and X-Rite's Shade-X. A test protocol, "A Color Study to Evaluate Performance of 4 Shade Matching Devices Relative to Human Shade Observance," was approved by the ADA Institutional Review Board.

"We had such a positive experience with the iTero [digital impression] study for the Review that this was the next logical step," said Dr. Marc Geissberger, professor and chair, Department of Restorative Dentistry at the University of the Pacific Arthur A. Dugoni School of Dentistry in San Francisco. "My hope is that we'll be able to provide students and practitioners with information on whether these devices can replace the natural eye [in matching colors] and determine how well they do that."

Dr. Geissberger and some of his staff recently visited the ADA Laboratories where they received training in how to operate the devices. The school begins the study in January. The results from all of the studies will appear in future issues of the Review.

For more information, visit "www.ada.org/ppr". ■

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Instruments: From left, Dr. Terence Imbery and Dr. Mary Baechle, professors at VCU School of Dentistry; Dr. David Sarrett, dean, VCU School of Dentistry and editor, the Review; Tim O'Shea of the ADA Division of Science; and Dr. Gilda Ferguson, VCU professor, discuss digital shade-matching instruments in September 2010 for an upcoming study in the Review.

Study: During a December 2010 visit to ADA Headquarters, Drs. Bernadette Alvear Fa and Marc Geissberger work with shade-matching instruments as part of a study for the ADA Professional Product Review.

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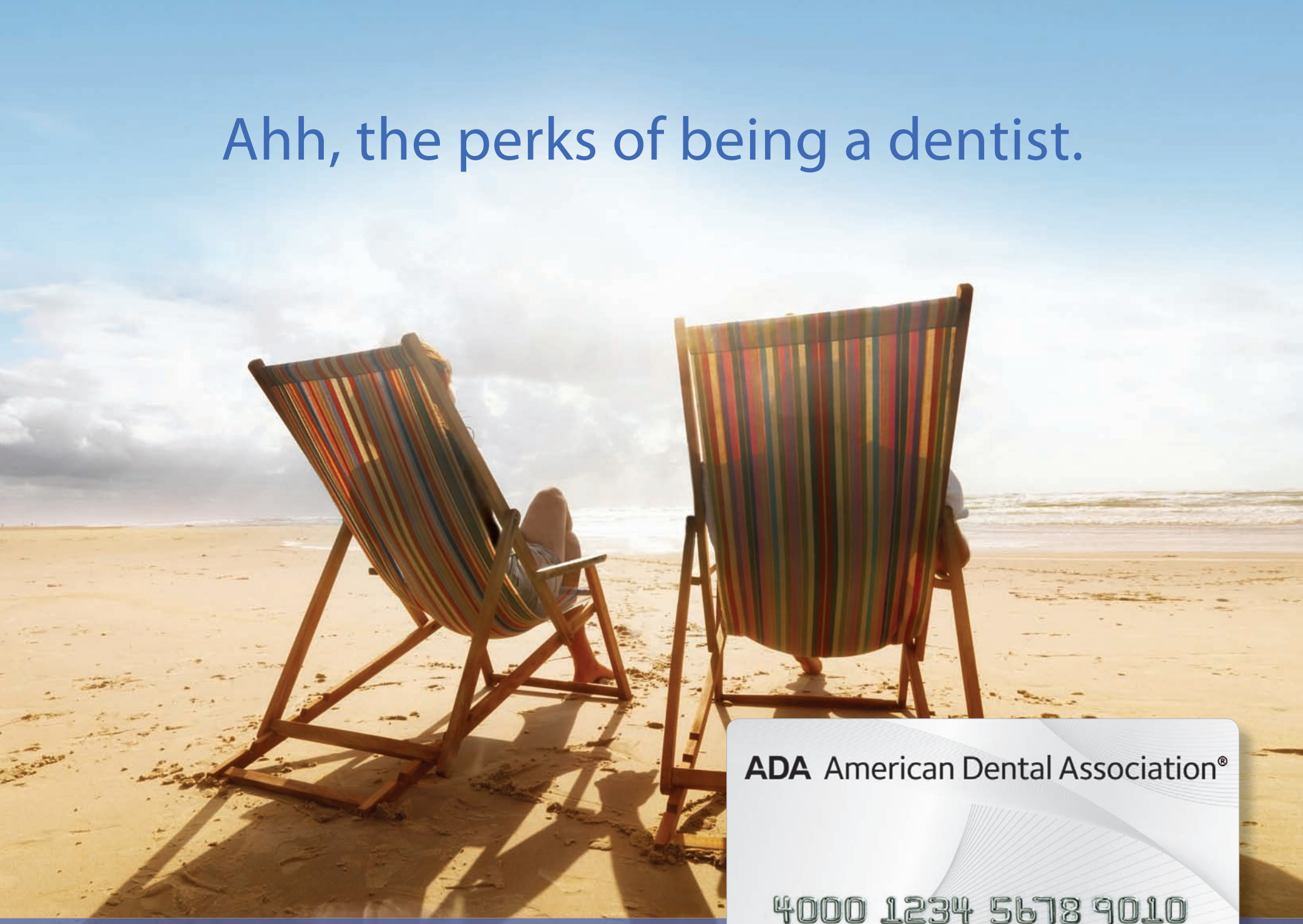

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Upcoming standards meetings to eye electronic health records, imaging and dental products

The ADA Standards Committee on Dental Informatics will meet Feb. 22-23 at ADA Headquarters and at the Chicago Wyndham Hotel.

The meeting will open with SCDI subcommittee and working group sessions Feb. 22, and follow Feb. 23 with the SCDI plenary meeting at 1 p.m.

The ADA has been named Secretariat of the Dental Domain of Integrating the Healthcare Enterprise—a nonprofit health informatics standards organization, which will hold its kickoff meeting at 1 p.m. on Feb 22.

The goal of the IHE is to accelerate the adoption of electronic health records by improving the real world functionality, usability and exchange of digital information among health care systems. At this meeting, the planning and technical committees will be established and discussions will begin concerning development of IHE profiles for dentistry. All imaging and practice management vendors, as well as EHR system and other digital technology providers and users, are invited to attend.

Following the IHE kickoff, the SCDI will sponsor an imaging forum, bringing together imaging and practice management vendors as well as other digital technology providers and users, to discuss the future of dental imaging and interoperability standards. All are invited to attend.

For more information, contact Paul Bralower at the toll-free number, Ext. 4129 or e-mail "bralowerp@ada.org".

A block of rooms is reserved for ADA SCDI attendees at the Wyndham at a special rate of $119 plus tax per night for reservations made before Jan. 14. For reservations, contact Marilyn Ward, Ext. 2506, e-mail "wardm@ada.org".

The ADA Standards Committee on Dental Products and the U.S. TAG for ISO/TC106 Dentistry will hold their annual meetings March 14-16 in San Diego at the Hilton San Diego Bayfront Hotel.

The session will begin March 14 with the combined SCDP subcommittee/US Sub-TAG meetings, a new member orientation and reception that evening. The SCDP plenary session is set for March 15 and the SCDP working groups will meet March 15-16.

In order to qualify for discounted room rates, hotel reservations must be made through the American Association for Dental Research at "www.aadronline.org".

For more information about the SCDP or U.S. TAG meetings, contact Kathy Medic at Ext. 2533, e-mail "medick@ada.org".

The ADA is accredited by the American National Standards Institute to develop American National Standards for products and information technology used by the dental profession and by consumers. There are more than 80 national standards and more are under development or revision. National standards developed by ADA are used by manufacturers, research institutions and are often adopted as international standards or used by regulatory agencies in evaluating products for clearance to market to the dental profession or consumers. ■

FDI Congress will convene Sept. 14-17 in Mexico City

Mexico City—Registration opens in early 2011 for the FDI World Dental Congress, and dental professionals from around the globe will gather Sept. 14-17 in Mexico's cosmopolitan capital.

The scientific sessions and trade exhibition will be held at Centro Banamex convention and exhibition center. Those who register in advance receive substantial savings on registration fees and have access to digital planning resources, including a customized interactive scientific program guide, speaker information, exhibition floor plans and more. Registered attendees can enter a daily raffle for a Mercedes-Benz car.

Outside the convention center, the wonders of Mexico City await, including dining, culture, shopping and travel opportunities. FDI companion tours, half and whole day excursions and longer tours are also available.

For more details, contact the ADA Division of Global Affairs, Ext. 2726 or "www.ada.org/fdiworlddental.aspx" or register via the websites, "www.fdi2011.org" or "www.fdiworldental.org". ■

UW students take top prize

Student ethics video contest gains momentum

BY KAREN FOX

"Dentethics," the grand prize video in this year's Student Ethics Video Contest, is a series of vignettes depicting the decision-making process of students as they prepare for patient treatment and board examinations. The video is a mixture of humor and more serious subject matter that highlights all five principles of the ADA Principles of Ethics and Code of Professional Conduct.

Contest judges said that Phillip Cronin, Blake Hillstead and Brad Jonnes, the trio of students from the University of Washington School of Dentistry who created the video, really nailed it.

"Promoting ethics to students by increasing their awareness of the ADA Code is essential to their development as trusted professionals," said Dr. Thomas W. Gamba, a member of the ADA Council on Ethics, Bylaws and Judicial Affairs. "This year's winner stood out because the video highlighted all five principles of the ADA Code: Patient Autonomy, Nonmaleficence, Beneficence, Justice and Veracity. It was well-produced and the message was clear."

CEBJA had two goals in mind when it began the Student Ethics Video Contest in 2008: increase awareness of the ethical dilemmas that students and professionals encounter and provide a forum for dental students to consider how those dilemmas should be addressed using the ADA Code.

Photo courtesy UW School of Dentistry

'Dentethics': Students (from left) Phillip Cronin, Brad Jonnes and Blake Hillstead pause for a photo outside the University of Washington School of Dentistry.

Dr. Rod B. Wentworth, CEBJA chair, said the increase in the number of submissions since the contest's introduction is a positive trend for the profession of dentistry.

"We're very excited to see so much interest," said Dr. Wentworth. "It's been our goal to have a vehicle for students to learn as well as entertain and express themselves."

The prize-winning trio conducted their own video production, and along the way enlisted additional students and staff from the dental school to appear as "guest stars."

Dr. Wentworth

"We wrote the skits showing students going through a series of challenges in dental school, and in each case, the student comes upon an ethical dilemma," said Blake Hillstead, UW dental student. "Early on, the student keeps getting it wrong. In the last skit, he really thinks about ethical dilemmas and in the end, he makes the right decision. We show that these are things you'll encounter as dentists, but we have to remember that we have a moral responsibility to our patients."

Getting involved in the project was an easy decision for Phillip Cronin. "There aren't a lot of opportunities in dental school where you get to hang out with friends, make a video and earn some money," Mr. Cronin said. "I think we embraced the challenge of making a video that was fun and yet also provided some thoughts on ethical issues. I was surprised and honored to win and represent my school."

To produce the video, the students relied on the training in ethics and professionalism that they received in dental school and spent time reviewing their own copies of the ADA Code. It's precisely the kind of preparation CEBJA had in mind.

"Ethics is the foundation for everything we do in dentistry and we need to address this early in the dental education process," said Dr. Gamba, who credited former CEBJA chair Dr. Jim Smith for coming up with the idea for the contest. "The American Student Dental Association leaders that consult to CEBJA feel as strongly as we do about the importance of ethical behavior, not only in practice but also during their schooling."

Mr. Cronin, Mr. Hillstead and Mr. Jonnes garnered a share of a $2,000 prize.

Earning honorable mention honors was a team of Columbia University College of Dental Medicine students. Kei Chan, Hai Do and Levon Sukiasian share $1,000 in prize money for their video, "Once Upon a Time There Was a Poor Dentist," which addressed the ADA Code principles of Patient Autonomy and Veracity.

The winning videos were displayed during the 2010 annual session in Orlando, Fla., and are scheduled to be posted on ADA.org this month. ■

—foxk@ada.org

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ADA advocates for members on insurance issues

BY KELLY SODERLUND

The Council on Dental Benefit Programs can claim a slew of successes for 2010, resolving many issues between dentists and insurance companies.

"Our staff and council volunteers are dedicated to serving the members of our Association. We urge dentists to let us know if they encounter a claim for service that is either not adjudicated fairly or that the payer communicated in any way that placed the dentist in a negative light," said Dr. Christopher Smiley, CDBP chair. "These successes result from knowledge of the Current Dental Terminology and how it should work in reporting and recording the care provided. I strongly encourage local and state societies to host an ADA Code workshop to help educate their members on how to recognize code and dental benefit abuse."

One of the larger achievements was when CDBP resolved an issue with Avesis, a national vision and dental company that markets Care Improvement Plus, a Medicare dental plan. Avesis incorrectly told dentists they could not balance bill a patient for services rendered, prompting CDBP and the American Dental Association's State Government Affairs department to work together to research the issue.

Some dentists received a letter from Avesis stating that although they were not in-network providers for the Medicare Care Improvement Plus program, they could not balance bill the patients that had Avesis insurance. The South Carolina Dental Association shared the letter with the ADA. "We assume that if you render care to the Care Improvement Plus member, you are agreeing to the terms of this fee schedule and will not balance bill the member," the letter stated.

2010 in review: Dr. Christopher Smiley, chair, ADA Council on Dental Benefit Programs, speaks at a council meeting Nov. 5, 2010. The Council reported several successes in resolving issues between member dentists and insurance companies.

The SCDA and CDBP each contacted Dr. Fred L. Sharpe, chief dental officer for Avesis, asking him to provide the basis for the company's balance-billing policy. On Aug. 16, Avesis informed the ADA that there was no restriction on balance billing Care Improvement Plus patients by nonparticipating dentists. Avesis planned to communicate the clarification and a suggestion that requests for reimbursement over the scheduled amount be submitted to Avesis instead of the patient.

Other 2010 CDBP successes include:

• Having the language on an explanation of benefits statement changed so that the ADA was not referenced in a coding scenario. A statement from Ohio Bankers Benefits Trust said a gingivectomy or gingivoplasty for one to three contiguous teeth or tooth bounded spaces per quadrant, D4211 in the CDT, "is a mutually exclusive procedure" to a porcelain fused noble metal crown, D2752. The statement said "this is consistent with the ADA general coding guidelines." CDBP staff contacted the administrator to advise them of the ADA's concerns and the reference to the ADA was deleted. The "mutually exclusive" language was replaced with a reference to payment policy.

• CDBP staff contacted Delta of California and expressed concern over the company saying code D2950 core buildup is part of the crown preparation. Delta agreed and determined it would change the language at the next revision of their processing policies and asked the ADA to review new explanation of benefits language as it's developed.

• MetLife denied payment for an upper partial denture for a patient because of a previously missing tooth exclusion. CDBP staff contacted the company and presented them with additional information. Metlife reconsidered the claim and paid. A separate incident involving MetLife denying coverage of a complete denture had the same result, with the company eventually agreeing to pay the claim.

• An automated remittance advice from Humana indicated that a maxillary and mandibular interim partial denture were an integral part of a more comprehensive service and that these services were included in the payment for another procedure. CDBP contacted Humana to advise these were two separate procedures and not part of another one and the company agreed to make changes to the language.

• Correspondence from United Concordia Companies Inc. indicated dentists were required to submit a detailed narrative in order for a scaling and root planing claim to be processed. CDBP brought it to the attention of UCCI leadership that the scaling and root planing codes are not "by report" codes. UCCI later advised the claims could be adjudicated without the narrative and that it would announce the clarification to participating providers in an upcoming issue of its newsletter.

• An explanation of benefits from The Principal, a financial company that offers health insurance, stated, "the information received does not establish dental necessity." CDBP staff voiced their concerns over the language that appears to exceed the diagnostic purview of their consultants, and the national dental director agreed to check with the legal department to change it. She also indicated the company may want to collaborate with the ADA in the future regarding explanation of benefits language.

"ADA members have been fortunate to have a CDBP staff that have both vigilantly monitored the dental reimbursement process and aggressively acted to correct payer misadventures," said Dr. Philip Eversman, chair of the Dental Benefit Information Service Subcommittee. "People sometimes ask me, 'What is the ADA doing for me?' These cases clearly demonstrate that when the ADA CDBP can successfully intervene in issues such as these, not only does that individual doctor benefit but every other dentist in the country who deals with that company does as well." ■

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Dr. Michael Stablein, CDS president, dies

BY JENNIFER GARVIN

Dr. Michael J. Stablein, the 2010 president of the Chicago Dental Society, died Nov. 14 in Mexico City of an apparent heart attack. He was 61 years old.

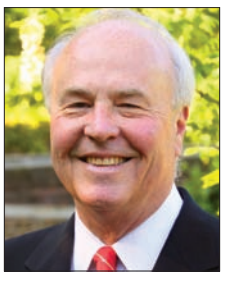
The news officially reached CDS membership late Nov. 14 during the society's annual Installation of Officers event. The occasion usually involves the outgoing president making his valedictory remarks, followed by the installation of a new president. Instead, it was Dr. David J. Fulton Jr., CDS vice president, who said farewell for Dr. Stablein.

"It's one of the hardest things I've ever done," said Dr. Fulton. "He was just a warm soul and we're all heartbroken."

Dr. Stablein was in Mexico City for the Asociacion Dental Del Distrito Federal's annual meeting.

A 1978 graduate of the University of Illinois Chicago College of Dentistry, Dr. Stablein was certified in periodontics and earned a doctorate in pathology from UIC. From 1978-87, he taught in both the periodontics and pathology departments at UIC.

"He was a great guy," said Dr. Jack Lieberman, a longtime friend who taught Dr. Stablein at UIC. "He had so much more to contribute and was taken too early. He was extraordinary and friendly to everyone."



Dr. Stablein

Another former professor-turned-colleague, Dr. Richard Perry, echoed those sentiments.

"He was one of those all-around great people," said Dr. Perry, who chairs the CDS Access to Care Committee. "His passion was access and he did a lot to re-establish health clinics in Cook County. It's a sad thing."

For years, Dr. Stablein and Dr. Lieberman, a general dentist, met for weekly lunches, first on Fridays and later on Mondays. They traded off between Chinese and Italian, and any topic was fair game.

"We solved the problems of the world at those lunches," said Dr. Lieberman.

Before rising to CDS president, Dr. Stablein held all offices in the West Side Branch of CDS, culminating in the presidency from 1992-93, and a three-year term as branch director, 1997-99. He also served on the CDS Access to Care, Mediation and Membership committees and was the general chair of the 139th Midwinter Meeting in 2004.

"Precious few individuals have more positively impacted organized dentistry in Illinois and the CDS than has Dr. Mike Stablein," said Dr. Joseph F. Hagenbruch, ADA 8th District trustee. "Certainly, I know of no one else who has exemplified any deeper dedication, demonstrated such remarkable patience, set a finer example or exhibited a higher level of issue-consciousness and understanding. I became acquainted with Dr. Stablein very early in my organized dental experience. Over the years, I have come to know him well, appreciate his steadfast commitment to the profession, be mindful of his countless talents and treasure his sagacious counsel, as well as unreservedly tap into his wealth of knowledge."

Dr. Stablein also was known for his dedication to mentoring young dentists, which he traced back to his years in academia. One of his biggest accomplishments was organizing a government affairs committee at CDS so that the association could become more politically involved in Cook County.

In addition to his involvement in organized dentistry, Dr. Stablein published several journal articles and co-authored a chapter in The Histology of the Oral Mucosa.

Dr. Stablein is survived by his wife, Dr. M. Caroline Scholtz, a pediatric dentist; and four children, Michael, Gabriela, Andrew and Amelia.

Donations may be sent to the Michael Stablein Memorial Fund, 5530 W. Montrose Ave., Chicago, IL 60641. ■

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Dental law and ethics meeting planned

Las Vegas—The American College of Legal Medicine will host the 3rd annual Ethics and Legal Aspects of Dentistry Conference Feb. 25-26 at the Planet Hollywood Resort.

The conference will include seminars on understanding the government's role and the role of dental education; ethical, moral and diagnostic issues in dental practice; risk management considerations; issues in patient care, access to care and dental health care coverage; and electronic record-keeping.

For more information and a conference program schedule, contact ACLM at 1-847-969-0283 or visit "www.aclm.org". ■

New class of Alaska DHATs completes training program

Anchorage, Alaska—Seven more Dental Health Aide Therapists have graduated from the Alaska Native Tribal Health Consortium's training program, bringing the total number of DHATs practicing in rural Alaska to 24.

In a video posted on the website of the NBC affiliate TV station in Alaska, KTUU.com, several DHAT-trainees are interviewed along with a representative of the W.K. Kellogg Foundation. (To watch the video, visit "www.ktuu.com" and click on "Health." Scroll down to "Dental Aide Program Gives Rural Alaska Service With a Smile.")

In the video, a KTUU reporter states that DHATs "are to dentistry what nurse practitioners were to doctors" several years ago.

The Kellogg foundation is investing more than $16 million by 2014 in its Dental Therapist Project. Kansas, New Mexico, Ohio, Vermont and Washington are the states targeted for dental therapist initiatives. (Read about the Kellogg initiative at "www.ada.org/news/5068.aspx".)

The ADA's statement on the limitations of the Kellogg study are mentioned in the KTUU video. Kellogg's Dental Therapist Project focuses exclusively on expanding a single provider model based on the controversial DHAT. ■

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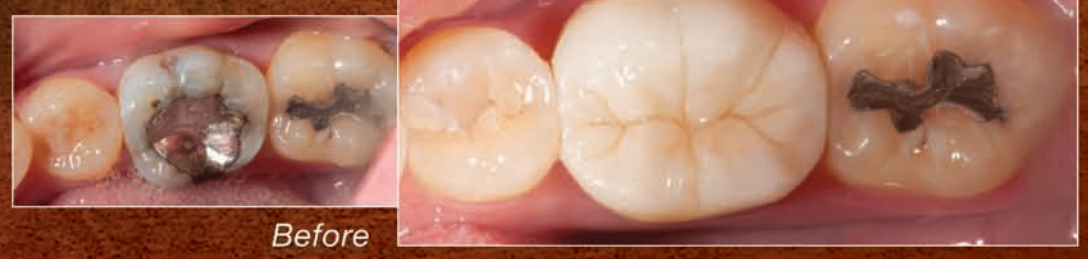

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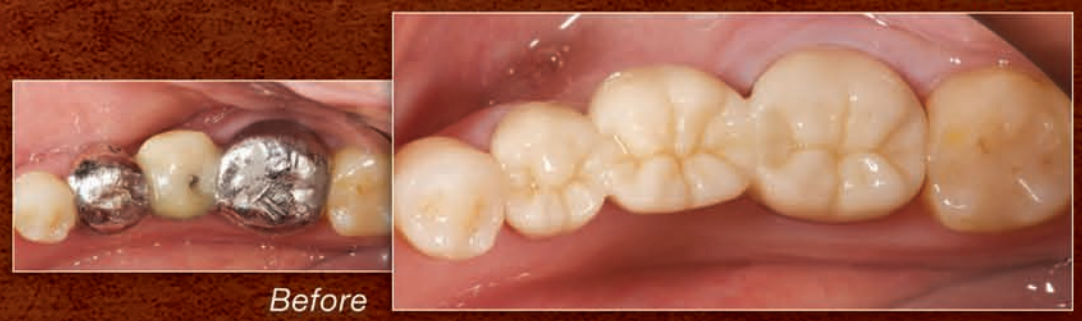

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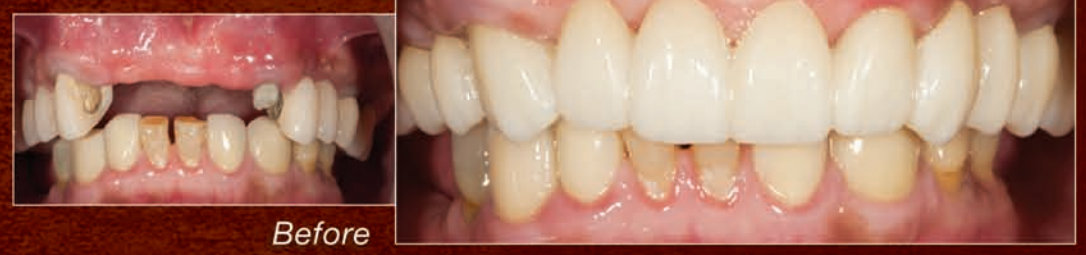

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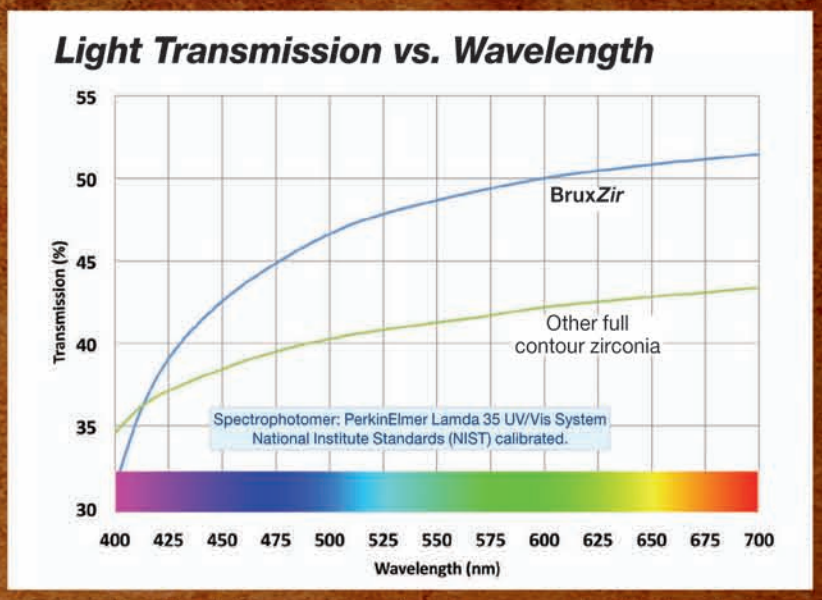
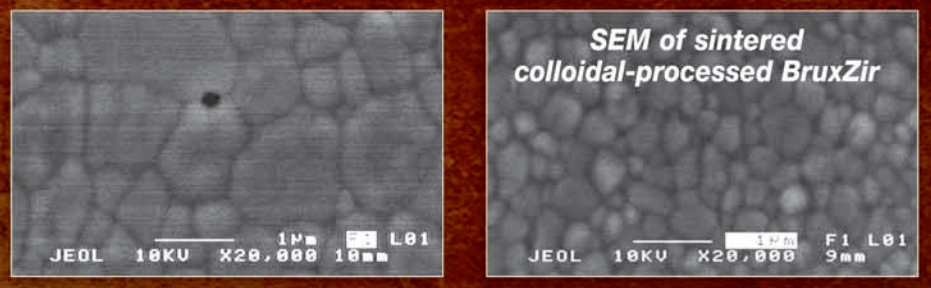


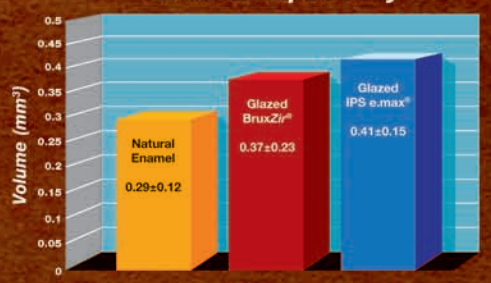
BruxZir's higher light transmission allows for a more natural-looking shade.



SEM of sintered colloidal-processed BruxZir

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

Wear Compatibility



In a recent study at the University of Alabama at Birmingham to measure the volume metric loss of enamel, glazed BruxZir was found to wear compatible with enamel and virtually identical to glazed IPS e.max®.

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
Barksdale Dental Lab	Athens	AL	256-232-1772
Oral Arts Dental Laboratories, Inc.	Huntsville	AL	800-354-2075
Scrimpshire Dental Studio	Huntsville	AL	800-633-2912
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
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482
Glidewell Laboratories **	Newport Beach	CA	800-854-7256
Iverson Dental Laboratories	Riverside	CA	800-334-2057
Nash Dental Lab, Inc.	Temecula	CA	877-528-2522
Nichols Dental Lab	Glendale	CA	800-936-8552
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
Precision Ceramics Dental Laboratory **	Montclair	CA	800-223-6322
Riverside Dental Ceramics **	Riverside	CA	800-321-9943
Dodd Dental Laboratories	New Castle	DE	800-441-9005
Carlos Ceramics Dental Lab	Miami	FL	305-661-0260
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
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
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
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
Dental Art Laboratories	Lansing	MI	800-444-3744
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
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
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
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
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
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
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
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
Rogers' Dental Laboratories	Athens	TN	800-278-6046
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
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
Art Dental Lab	Chantilly	VA	888-645-7541
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 Labortory	Calgary, Canada		800-504-3199
Impact Dental Labortory	Ottawa, ON, Canada		800-668-4691
Protec Dental Laboratories Ltd.**	Vancouver, BC, Canada		800-663-5488

**Also a Prismatik Clinical Zirconia™ Milling Center.

Dr. Lowney

Continued from page one

Lowney to move his outreach clinic to the city of Jérémie in southwestern Haiti—an area with little or no health care and extreme poverty.

"It seemed prophetic going to a city with the same name as mine," said Dr. Lowney.

What he found in Jérémie was discouraging. The city had no outpatient clinic, no running water, no electricity. There was a small, ill-equipped government hospital, the only health facility for 600,000 of this hemisphere's poorest people.

But today through his efforts, hundreds of thousands of Haitians in Jérémie and more than 100 surrounding villages are served under the umbrella of the Haitian Health Foundation that he founded. Dr. Lowney has spent the last three decades doling out hope—in the forms of food, shelter, education, development, health care and even goats—to the poorest of the poor in Haiti.

"We serve about 225,000 people and that number was substantially higher for several months after the earthquake last year, when people fled Port-au-Prince to find relief in our area. Thousands have chosen to stay, and are now under our umbrella," Dr. Lowney said. "The need is overwhelming. First the earthquake, then Hurricane Tomas in November and now the cholera epidemic have taken their toll."

Since the cholera epidemic began, his health care staff has continued their work in teaching basic hygiene and sanitation to villagers throughout the region as well as distributing antibiotics and oral rehydration solution at the first signs of dysentery.

Though retired from dental practice, Dr. Lowney spends most of his days in the HHF office in Norwich, raising money and writing grants to fund the $3 million annual budget for the organization's wide variety of programs and services. He continues to make quarterly trips to Haiti to make sure everything is running smoothly.

HHF provides medical, dental and eye care, with an emphasis on child survival interventions like vaccinations as well as prenatal care, vitamins and health education for mothers-to-be. Dr. Lowney built a 27,000-square-foot outpatient clinic in 1987 and the foundation also has a 50-bed inpatient facility for pregnant women, a 25-bed facility for seriously ill children and ambulance service. HHF employs local physicians, dentists, nurses and other health professionals to staff the clinic. The foundation also transports Haitians with serious medical problems to the U.S. where they can receive more advanced care.

Helping children: A Haitian youngster has a smile for Dr. Lowney on one of his recent trips to Jérémie. The girl's red hair due to a lack of melanin in her body is a sign of malnutrition.

Photos courtesy Haitian Health Foundation

Living gift: Dr. Lowney and daughter Marilyn give a goat to a Haitian villager. The program provides poor families with a breeding female so they can develop a herd to produce food, milk and fertilizer to supplement their diet and income.

Beyond health care, HHF assists Haitians with basic life needs—food, shelter, sanitation, livelihood and education. The foundation builds latrines and sturdy cement houses with tin roofs for families in need of sanitation and shelter. It has handed out thousands of chickens, eggs, pigs and pregnant goats to families who use the livestock for milk, food and income. In 2000, it built a school that served about 700 children before the 2010 earthquake. Today, the student population has grown to 1,200 students who attend in split-day sessions.

"I'm convinced that the worst poverty is hopelessness—waking up every morning lacking even the imagination to think tomorrow will ever be any better than today," Dr. Lowney said. "The best gift you can give is hope for a better future."

Dr. Lowney's family also demonstrates significant support for his work. His daughter Dr. Jennifer Lowney now heads up his Norwich orthodontics practice. His daughter Marilyn serves as executive director of HHF.

"It's great," he said. "I am lucky to be able to have lunch with my daughters every day."

Son Mark Lowney, M.D., is an obstetrician in Fall River, Mass., and daughter Gail Alofsin, a marketing specialist and motivational speaker, lives in Newport, R.I.

His wife Virginia oversees HHF's Save-a-Family Program. Donors to the family sponsorship program contribute a monthly gift of $25—100 percent of which goes to destitute families for food, rent, medicine, school tuition or other expenses. Her program supports more than 1,000 poor families in Jérémie.

"For less than the cost of a cup of coffee per day, donors can make a world of difference for these families," he said.

The ADA Humanitarian Award recognizes individual volunteer commitment and leadership that has had a broad impact on oral health and the improvement of the human condition. The award is given to an ADA member dentist who has contributed at least 10 years to alleviate human suffering, demonstrated significant leadership, served as an inspiration to others and established a legacy that is of ongoing value and benefit to those in need in the U.S. and abroad.

"It is a pleasure for me to offer my congratulations to Dr. Lowney for the leadership and dedication that he exhibited in earning the Humanitarian Award," said ADA President Raymond Gist. "Dr. Lowney's selfless commitment to provide quality dental care for deserving patients, nationally and internationally, brings honor to the dental profession. He is truly deserving."

Dr. Lowney will receive a plaque and a $5,000 donation for the Haitian Health Foundation in October during the ADA's 152nd annual session in Las Vegas.

Dr. Lowney recently learned that he will also receive a humanitarian award from the American Association of Orthodontists. Dozens of other dental, fraternal and community organizations, including the Pierre Fauchard Academy, American College of Dentists, Rotary and the Knights of Malta have also honored him for his humanitarian efforts.

"We're very fortunate to be members of this great profession of dentistry and to make a very comfortable living," he said. "We all have spare funds. We can use them on ourselves, our pleasures, our hobbies. Or, we can share it with the poor and the broken. Doing that will provide you with a feeling of fulfillment that no other gift can give. It's a blessing to make someone else on this planet's life a little better."

Visit "www.HaitianHealthFoundation.org" for more information about Dr. Lowney's programs.

The ADA Division of Global Affairs is now accepting nominations for the 2012 ADA Humanitarian Award. To download the nomination packet log on to "www.ada.org/1477.aspx". ■

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ADA Hillenbrand Fellowship hones leadership skills

BY KELLY SODERLUND

They enter as fellows. They leave as leaders.

The ADA Hillenbrand Fellowship grooms a dentist who has demonstrated strong leadership potential. The ideal fellow desires to make a career transition from dental practice into management and leadership in organized dentistry, a health-related organization, education, the dental industry or research.

The Council on Dental Practice is now taking applications for dentists interested in the fellowship at ADA Headquarters, set to begin in September and run through August 2012. There is one slot available.

"It's an incredibly busy year filled with traveling, studying and attending ADA House, board, council and related meetings," said Dr. James Willey, director of CDP and primary mentor for the 2011-12 Hillenbrand Fellowship. "It's a dynamic experience that gives the fellow a unique perspective on national dental issues."

The ADA offers the fellowship every other year and includes an intensive orientation to all ADA agencies and departments; an orientation to other oral health organizations and federal and state government agencies; and academic courses through the Kellogg School of Management at Northwestern University.

"The CDP is excited to welcome the next fellow to the inner workings of the ADA," said Dr. Stephen Glenn, council chair. "Previous ADA Hillenbrand Fellows have gone on to become executive directors, associate deans, faculty and staff for various dental associations and schools and work in industry positions. Any dentist interested in seeing the big picture of dentistry in America today should apply."

Each fellow completes a project that is of interest to him or her and helpful to the ADA. The 2009-10 fellow was Dr. R. Todd Erickson of Gig Harbor, Wash., who created a Web-based assistance program to aid members seeking nonclinical careers in dentistry and addressed awareness of the potential for noise-induced hearing loss in the dental office.

"As the Hillenbrand Fellow, I was afforded the opportunity to explore and research areas of dentistry that were of particular importance and interest to me," said Dr. Erickson. "Utilizing the extensive resources with the support of the many talented individuals at the ADA, I was able to gain experience in project management and assist the ADA and its membership with issues that are important to the profession."

Qualified candidates must:

- be ADA members in good standing;
- be graduates of a dental school accredited by the ADA Commission on Dental Accreditation;
- have held a D.D.S. or D.M.D. for at least five years at the beginning of the fellowship;
- be prepared to work from the Chicago office on a daily basis for the duration of the fellowship and travel within the United States as required by the program;
- be prepared to actively support the mission, goals and policies of the ADA, regardless of personal agreement or disagreement with them, for the duration of the fellowship;
- be competent in core computer and Internet skills.

"Once the fellow gets situated in Chicago, we can tailor the fellowship experience to meet individual interests and needs," Dr. Willey said. "Former fellows are amazed at the complexity of the ADA and the vast amount of resources that are available to the members and the tripartite."

The fellowship includes a $75,000 stipend to help offset living expenses in Chicago.

"As a result of an incredible year at the ADA, I learned a great deal," Dr. Erickson said. "Every aspect of the experience was fantastic, and I would highly recommend the Hillenbrand Fellowship to anyone who is interested in learning more about organized dentistry, leadership, executive functioning, governance and efforts to advance oral health initiatives in our country."

For more information, or to request an application, e-mail "Hillenbrand@ada.org" or call Grace Ann Pastorelli, Council on Dental Practice, toll free at Ext. 2882. ■

—soderlundk@ada.org

NIOSH surveys health and safety practices

Atlanta—The National Institute for Occupational Safety and Health is launching a new survey Jan. 31 that is designed to assess health and safety practices of health care workers.

NIOSH, part of the Centers for Disease Control and Prevention, will be assisted by the research company Westat in conducting the survey, which includes a random sample of ADA members.

Although participation is voluntary, the ADA encourages members who are selected for the survey to complete it as the Association is interested in any data which could potentially lead to improved health and safety.

The survey is anonymous and contains questions about health and safety practices and types of exposure controls used by health care workers who handle or come in contact with hazardous chemical agents. The chemical agents under study include aerosolized medications, antineoplastic agents, chemical sterilants, high level disinfectants, surgical smoke and anesthetic gases. Information regarding other health and safety hazards is also being collected.

Following the survey, NIOSH will prepare a report presenting aggregate data from all respondents from the ADA and make it available to all members.

For more information about the survey, contact NIOSH project staff members Jim Boiano at "jboiano@cdc.gov" or 513-841-4246; or Andrea Steege at "asteege@cdc.gov" or 513-841-4538. ■

APHA seeks dental public health abstracts

Washington—The American Public Health Association Oral Health Section seeks abstracts for its 2011 annual meeting this fall. The deadline for submission is Feb. 9.

The theme of the 139th annual meeting Oct. 29-Nov. 2 is "Healthy Communities Promote Healthy Minds & Bodies." Abstracts for individual paper presentations and poster sessions related to pertinent issues in dental public health are welcomed, including: community water fluoridation and other community approaches; dental public health workforce issues and infrastructure; effective preventive programs, oral health promotion and program evaluation; epidemiology of oral diseases; oral health disparities; oral health literacy; oral health policy and programs; oral-systemic health linkages; special oral health care needs; and the impact of behavior on oral health.

Submit an abstract online at "http://apha.confex.com/apha/139am/oasys.epl" or contact Kathy Lituri, RDH, MPH; Boston University Henry M. Goldman School of Dental Medicine; 560 Harrison Avenue, #340; Boston, MA 02118; phone: 1-617-638-5202; fax: 1-617-638-6381; e-mail: "lituri@bu.edu". ■

FDA

Continued from page one

issues accordingly. At the end of the day, all treatment decisions should be made by patients with the advice of their dentists. We support the rights of all patients to decide how best to maintain and improve their oral health."

During the hearing, Dr. J. Rodway Mackert, an expert on restoratives and professor of dental materials at the Medical College of Georgia School of Dentistry, and Dr. Jonathan Knapp, a general dentist and a member of the ADA Council on Dental Practice, testified on behalf of the Association.

The Association also offered an update of the scientific literature by ADA's Council on Scientific Affairs covering studies published between Jan. 1, 2004 and June 15, 2010.

To view the ADA statement online, visit "www.ada.org/5145.aspx". ■

PECOS

Continued from page one

to fight Medicare fraud. Congress told HHS in the health reform law to start the system by July 6, 2010, but HHS now says it needs more time to implement and enforce the provision.

Medicare intends to deny payment for any services ordered by a physician or dentist who is not enrolled in PECOS but acknowledges that this is a "challenging" process. Specifics of how the ordering/referring enrollment rule will affect dentists will not be fully known until the final rule is published.

"Although this policy would help protect the Medicare program from fraudulent and erroneous charges it would prove challenging for training programs because many if not most residents are not enrolled in PECOS and interns cannot enroll because they are not licensed. Many DOD physicians and VA physicians are also not Medicare enrolled," says a notice at the CMS website. ■

—palmerc@ada.org

THREE POWERFUL LED LIGHTS IN A *NEW* SLIM DESIGN

THE *NEW*

AURORA™ S³ CURING LIGHT

When you want a curing light that is fast, efficient and affordable, choose the Aurora™ S³ from Parkell, Inc. We'll even let you try it in your office for 90 full days!

We admit—this light has a strangely unique design. Its low profile head houses 3 powerful LED lights along with a parabolic reflector that directs the light for a constant level of irradiance and faster cure. The width of this light might be deceiving, too. Although its curing spot is wider than most curing lights (11mm to be exact), it's specifically designed to capture multiple teeth at once, or multiple surfaces of a tooth. The Aurora S³'s light wavelength ranges from 420-480nm, which fully cures most resin composites and bonding agents.

Now, if you are sold on over-priced gizmos that display a lot of "bling", we are probably safe in telling you that the Aurora S³ is not for you.

This is a nuts and bolts curing light that works ALL of the time. We weren't about to waste our time or your money on pretty digital displays or features that look like something from a Science Fiction movie.

Instead, we made the Aurora S³ ergonomic and compact. The replaceable Lithium-ion battery provides 120 curing cycles per charge. Fully charged, the light operates cordless and is completely portable. If the battery is not charged, no problem: just plug in the charger and the device operates as a corded light.

Along with superior performance, the Aurora S³ is also versatile. The pre-programmed modes of cure are simply controlled by one button:

- **A 3-second mode for gelling or tacking cements and composites at 1000mW/cm².**
- **A 10-second mode with TURBO power for high-speed curing at 1300mW/cm².**
- **A 20-second mode for conventional curing operations at 1000mW/cm².**

Switch modes by simply pushing the button—visual and audible indicators make the adjustment quick and easy.

TWO-YEAR WARRANTY AND 90-DAY RISK-FREE TRIAL*

90-DAY TRIAL* Call for details.

As we previously mentioned—you can try the Aurora S³ in your office for 3 months. If you aren't satisfied, call us and we'll have the device picked up and refund all of your money, including the ground shipping charges**.

The Aurora S³ also comes with a two-year warranty on the light and battery—still the best in the industry.

- **Aurora™ S³ Curing Light** (D546).....**$399.00**
  Includes LED curing light, two curing lenses, tacking lens, sample barrier sleeves, removable, rechargeable battery and separate charger. Comes with a two-year warranty.
- **Curing Lens, 10 each** (D547).....**$20.00**
- **Tacking Lens, 5 each** (D548).....**$20.00**
- **Replacement Battery** (D549).....**$29.99**
- **Replacement Battery Charger** (D542-110).....**$45.00**
  Also available in 220/230V.
- **Protective Barrier Sleeves** (S130).....**$25.99**
  Clear plastic sleeves slip easily over the light to protect against cross contamination. Two boxes (1000 sleeves ttl).

CE

**Trial offer valid only when product is purchased directly from Parkell, Inc. **Express shipping will not be reimbursed.*

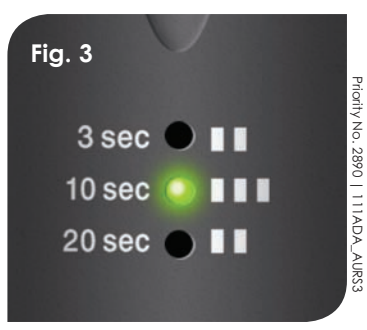

Figure 1: Slimmer head of the Aurora S3 (bottom) is a fraction of the size of the original Aurora (top).
Figure 2: Speed of cure is enhanced by a precision parabolic reflector plus three powerful LED lights.
Figure 3: Superior convenience comes in the form of three easy-to-read, pre-programmed curing modes.

Priority No. 2890 | 111ADA_AURS3

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