3-7-2011

ADA News - 03/07/2011

American Dental Association, Publishing Division

Washington therapist bill, page eight ◆ National Signing Day, page 15

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADANEWS®

MARCH 7, 2011 VOLUME 42 NO. 5

ADA, AAPD testimony

Essential oral health benefits focus of IOM panel

BY CRAIG PALMER

Costa Mesa, Calif.—Plans offering pediatric oral services as part of an essential health benefits package under the health reform law should facilitate establishment of a dental home by age 1 for every covered child, the ADA and American Academy of Pediatric Dentistry told a national health policy advisory panel.

The dental organizations offered written testimony for a National Academies' Institute of Medicine committee, which met March 2-3 toward defining the "essential health benefits" that health plans must cover under the Patient Protection and Affordable Care Act. The IOM committee on determination of essential health benefits, which first met Jan. 12-14 in Washington, D.C., is charged with making recommendations to the Department of Health

See BENEFITS, page seven

Worth the wait: Patients overflow to the hallway outside the waiting room of the Anchorage Healthy Smile Center Free Dental Emergency Day Feb. 11 in Anchorage, Alaska. Story, page 23.

ADA questions findings from Pew DHT study

Says faulty economic analysis skews results

BY KELLY SODERLUND

In an analysis of a Pew study on the value of adding a dental health therapist to private dental practice, the ADA challenges the study's methodology, figures, conclusions and projected financial implications.

"In this analytical review, we have shown that the Pew report uses unreasonable assumptions, faulty economic analysis and, thus, delivers erroneous conclusions, which may well end up harming rather than helping the cause they are advocating," an analysis issued by the ADA says.

The Pew Center on the States issued a report, "It Takes a Team," in December 2010 that examined the financial impact, efficiency and effect on access to care of incorporating dental therapists or hygienists/therapists in private practice settings. The study claimed that by adding those new allied providers, most practices could serve more patients, improve productivity, and maintain or improve profit margins while increasing access to dental care, particularly for Medicaid patients.

The Pew Center on the States is a nonprofit organization that says it is a division of The Pew Charitable Trusts that identifies and advances solutions to issues facing states.

The ADA was not convinced by the evidence and conducted its own analysis to determine whether its initial reservations were accurate.

In particular, the Association questioned the Productivity and Profit Calculator Pew suggested dentists use to estimate the financial impact on their practices of increasing the number of Medicaid recipients they treat.

One of the major claims in Pew's study is that the addition of a dental therapist or hygienist/therapist would create significantly greater access to care for Medicaid patients. Not true, says the ADA.

The average Medicaid reimbursement rate across the country is 40 percent below market prices, according to the Pew report. The ADA says the addition of a new allied provider would not affect the Medicaid

See FINDINGS, page 12

■ **Drs. Becker, Stanford obituaries, page four**

■ **ADA holds cone beam discussion, page 14**

BRIEFS

E-pubs update: If you've noticed a change in the e-publications the ADA sends, it's because they've all been revamped to reflect members' input on what topics they'd like to see included.

"The ADA has developed these e-communications to bring the membership timely information and resources that we need to help keep our

patients healthy, our practices viable and our profession strong," said Dr. Josef Kolling, chair, ADA Council on Communications. "We realize that Association members receive a lot of e-mail, but we feel these e-pubs offer valuable and helpful information."

The ADA's e-pubs include:

• President's Update—a roundup of timely ADA and profession-related news directly from ADA leadership;

• Advocacy Update—an update on legislative activity affecting the dental profession;

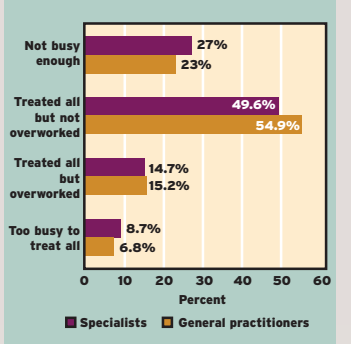
• Practice & Thrive—a list of practice management-related tips, tools and resources. The publication also offers a version for new dentists;

See BRIEFS, page 23

JUST THE FACTS

Perceived workload

In 2008, 23 percent of general practitioners and 27 percent of specialists indicated they were not busy enough. On the other hand, 6.8 percent of general practitioners and 8.7 percent of specialists indicated they were too busy to treat all patients.



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

Tetric EvoCeram®

Direct Composite Technology has Evolved!

HANDLING

ESTHETICS

CLINICALLY PROVEN

New & Improved Tetric EvoCeram®

A unique chemistry offering the perfect balance of handling, esthetics and durability.

- Creamy, sculptable consistency for optimal handling
- Innovative refractive index technology for unsurpassed esthetics
- Clinically proven with over 90,000,000 restorations

Tetric EvoCeram®
NANO-OPTIMIZED COMPOSITE RESTORATIVE

100% CUSTOMER SATISFACTION GUARANTEED!

ivoclarvivadent.com

Call us toll free at 1-800-533-6825 in the U.S., 1-800-263-8182 in Canada.

ivoclar vivadent®
passion vision innovation

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG
ADANEWS
(ISSN 0895-2930)

MARCH 7, 2011 VOLUME 42, NUMBER 5

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

ADA American Dental Association®
America's leading advocate for oral health

PUBLISHER: Michael D. Springer
ASSOCIATE PUBLISHER: James H. Berry
NEWS EDITOR: Judy Jakush
ASSOCIATE EDITOR: Stacie Crozier
WASHINGTON EDITOR: Craig Palmer
SENIOR EDITORS: Karen Fox, Jennifer Garvin, Kelly Soderlund
EDITORIAL ASSISTANT: Chrestine Johnson
CREATIVE DIRECTOR: Peter Solarz
TECHNOLOGY MANAGER: Paul Gorski
SENIOR LAYOUT & DESIGN COORDINATOR: Cindy Carstensen
PRODUCTION: Ann Allen, Bruce Barrett
DIRECTOR OF PRODUCTION: Gilbert Muñoz
PRODUCTION COORDINATOR: Liz Grace
SENIOR DIRECTOR, SALES & MARKETING: Carol J. Krause
ADVERTISING SALES MANAGER: Michelle Boyd
MARKETING MANAGER: Jill Philbin
CIRCULATION CUSTOMER SERVICE REP: Debbie J. Boehm
REPRINTS AND PERMISSIONS: Karen London

ADVERTISING POLICY: All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern region: Jim Shavel, S&S Media Solutions, 1554 Surrey Brook Court, Yardley, PA 19067, 215-369-8640 phone, 215-369-4381 fax, 215-499-7342 cell, "jim@ssmediasol.com". Western region: Allen L. Schwartz, S&S Media Solutions, 10225 NW Brentano Lane, McMinnville, OR 97128, 503-472-8614 phone, 503-961-0445 fax, 503-784-8919 cell, "allen@ssmediasol.com".

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-7735. Rates—for members $8 (dues allocation); for nonmembers-United States, U.S. possessions and Mexico, individual $74; institution $110 per year. Foreign individual, $102; institution $138 per year. Canada individual, $89; institution $124 per year. Single copy U.S. $13, foreign U.S. $15. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA NEWS Editor, 211 E. Chicago Ave., Chicago, Ill. 60611.

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.

ADA Accepted American Dental Association®

Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

2011 Golden Apple Award entry materials online

The ADA Golden Apple Awards are an outstanding way to recognize the people who have contributed to the success of dental societies—including leaders, members and staff.

Now in its 22nd year, the program offers 11 opportunities for societies to showcase programs and activities produced between June 1, 2010, and May 31, 2011. Societies can submit entries in any (or all) of these categories:

- Legislative Achievement;
- Excellence in Membership Recruitment and Retention Activity;
- Excellence in Dental Health Promotion to the Public;
- Excellence in Member-Related Services/ Benefits;
- Outstanding Achievement in the Promotion of Dental Ethics;
- Achievement in Dental School/Student Involvement in Organized Dentistry;
- Excellence in Science Fair Program Support and Promotion;
- Excellence in Dentist Well-Being Activities;
- Open Category;
- Excellence in Access to Dental Care Programs;
- The Green Apple—Excellence in Environmentally Sustainable Programs and Education.

Program materials and entry forms are at "ADA.org/goldenapple". The entry deadline is June 1. ■

Massachusetts editor emeritus Dr. Norman Becker dies at 86

BY KAREN FOX

Marblehead, Mass.—Dr. Norman Becker, 86, editor emeritus of the Massachusetts Dental Society, died Feb. 23 after a brief illness.

A veteran of World War II and the Korean War, Dr. Becker practiced dentistry for 60 years in Boston and Revere, Mass., but found his voice as a chronicler of dentistry through the Journal of the Massachusetts Dental Society, where he served as editor for 24 years.

He led three generations of Becker dentists. When he became MDS editor emeritus in 2004, his son and practice partner Dr. David Becker became editor. David's son Dr. Todd Belfbecker became their practice partner five years ago.

Growing up, Dr. David Becker watched his father and knew he always wanted to be a dentist. "So many of my friends had parents who complained about having to go to work," said Dr. Becker. "I watched my father and saw how much he enjoyed what he was doing. I inherited that outlook and passed it on to my son, too."

An unconventional part of his childhood included attending late night jam sessions in Boston jazz clubs with his father, who treated many of the musicians. Dr. Becker encouraged them to play their instruments in the office in order to diagnose dental problems. With his partner, Dr. Anthony Minichiello, Dr. Becker's patients included jazz greats Louis Armstrong, Jack Teagarden, Bobby Hackett, Cozy Cole and Buck Clayton.

Dr. Becker: "My profession has kept my brain stimulated and my quest for knowledge satisfied."

Throughout his long career, Dr. Becker was an inspiring presence who encouraged many young people to pursue careers in dentistry, said Dr. Charles Silvius, his practice partner for 20 years.

"He led people by the strength of his character," said Dr. Silvius, who is also MDS president-elect. "He always found a way to work with people and was a tremendous source of support for all his family and friends."

Something Dr. Becker's daughter said at his service resonated with Dr. Silvius, who shared a 38-year friendship with Dr. Becker. "She spoke of the different career choices that her siblings made and said that 'he encouraged all of his children to pursue their own dreams even it wasn't his dream for them.' He was probably the most nonjudgmental person I've ever met in my life."

Dr. Becker's intellectual curiosity never waned, added Dr. Silvius, and even after he stepped down as editor he continued writing the journal's book reviews. "He was unparalleled in lifelong learning and enjoyed writing reviews because it gave him an opportunity to read new books. He always had a thirst for new concepts and ideas."

Dr. Becker's writing is one of his greatest legacies to the profession. "He was very committed to quality dental journalism," said Detlef Moore, executive director of the American Association of Dental Editors. In 2001, AADE presented Dr. Becker with its Distinguished Editor Award.

"He took the Journal of the Massachusetts Dental Society from a pamphlet to an award-winning journal," said Dr. Silvius. "And that was his vision from the outset."

As he transitioned to editor emeritus, Dr. Becker expressed his gratification for his beloved profession in "A Fond Farewell," which was published in the Journal of Massachusetts Dental Society in the summer of 2004 and reprinted in the Nov. 1, 2004, ADA News. His grandson was a dental student at the time and the young man's experiences with techniques and technologies inspired Dr. Becker to write about how far dentistry has come in his career:

"My advice to my grandson—and to the readership—is to fully take advantage of all that dentistry has to offer. I have always enjoyed practicing dentistry and cherish the relationships I've established with my patients. My profession has kept my brain stimulated and my quest for knowledge satisfied, while given me the opportunity to make lifelong friendships with many of my colleagues. I am eternally grateful for these opportunities and look forward to the future and the changes still to come in dentistry."

Dr. Norman Becker received his dental degree from Indiana University, was a member of the North Metropolitan District Dental Society and a fellow of the American and International Colleges of Dentists and Pierre Fauchard Academy.

He is survived by his wife of 63 years, Barbara; five children; 14 grandchildren; and five great-grandchildren. Services were held Feb. 25. Memorials may be made to the Massachusetts Dental Society Foundation, 2 Willow St., #200, Southborough, MA 01745. ■

—foxk@ada.org

John Stanford, 40-year ADA employee, honorary member, dies

BY JENNIFER GARVIN

Phoenix—John Stanford, Ph.D., a retired 40-year ADA employee and driving force in setting standards for dental products, died Feb. 23. He was 83.

Dr. Stanford was born in Nashville, Tenn. From 1945-49, he served in the U.S. Army and U.S. Army active reserves and from 1952-65 served in the U.S. Air Force reserves, retiring as a captain in 1965.

It was during his time as an Army dental technician that Dr. Stanford met his future mentor Dr. George Paffenbarger, the former director of the ADA Research Unit. According to his son, Dr. Clark Stanford, Dr. Paffenbarger encouraged his father to pursue a career in dental science. The advice stuck and Dr. Stanford went on to graduate with a bachelor's in chemistry from the University of Maryland and master's in dental materials and doctorate in medical and dental science from Georgetown University.

While completing his studies, he began working for the ADA in 1952. By this time he had met and married his wife Joan and was a young father. In 1961, Dr. Stanford was appointed assistant director of the ADA's Research Division at the National Bureau of Standards (now called the National Institute of Standards and Technology). While involved in certification and testing, he also conducted research in the mechanical properties of tooth structure. In 1965, he moved to Association Headquarters in Chicago and became secretary of the ADA Council on Dental Materials (which has since been merged into the Council on Scientific Affairs).

Dr. Stanford was a key figure in the world of national and international standards for dental products and is credited with establishing the ADA standards program as it exists today, said Sharon Stanford, Dr. Stanford's daughter-in-law, and current director, ADA Standards Administration.

Additionally, he was one of the founding members of the International Organization for Standards (ISO) Technical Committee 106 Dentistry where he served as secretariat of Subcommittee 2 for Prosthodontics for many years and later as chair of ISO/TC106 from 1991-99 and appointed chairman emeritus in 2000. He was a past chair of ANSI's Medical Device Standards Board, the Food and Drug Administration's Panel for Review and Classification of Dental Devices, and the Federation Dentaire Internationale Commission on Dental Products and FDI Commission on Dental Products' Standing Committee on Relations between the Profession, Trade and Industry.

Dr. Clark Stanford, associate dean for research at the University of Iowa College of Dentistry, said his father was a mentoring figure who helped steer him toward getting his dental degree.

"He asked me what I wanted to do with my career and I told him I was thinking of getting a [doctorate] in biology," said Clark, "and he said I should get a dental or medical degree because 'you'll always have that to fall back on.' "

In 2009: Dr. John Stanford celebrates his 60th wedding anniversary.

Another son, Dr. Brent Stanford, a general dentist in Chicago Heights, Ill., said, "My father never sought high esteem, recognition or accolades for his efforts to expand and refine the standards for dental materials, devices and equipment that we as professionals and the industries use to provide exceptional dental care worldwide. Throughout his career, my father benefited from countless, dedicated professionals, many who became close and lifelong trusted friends."

Dr. Stanford retired from the ADA in 1992 after 40 years of service and in 1994 was made an honorary member of the Association. Other honors include the Bernard J. Conway Award, an honorary doctorate in odontology from the Umea University in Sweden, the Wilmer Souder Award from the International Association of Dental Research, the ANSI Astin-Polk International Standards Medal and the Pierre Fauchard Academy Michinosyke Nakayama Memorial Award.

Dr. Stanford is survived by his wife of 61 years, Joan; four children: Margo Sargent, Brent, Clark and Joy Ackerman; seven grandchildren; and one great-grandchild.

A memorial service will be held March 12 at the Messinger Pinnacle Peak Mortuary in Scottsdale, Ariz. In lieu of flowers, donations may be made in Dr. Stanford's name to the Hospice of the Valley, 1510 E. Flower Street, Phoenix, AZ 85014.

The Stanford family has also set up an online memorial. To read more about Dr. Stanford or to contribute to his memorial, visit "http://john-walter-stanford.forevermissed.com". ■

—garvinj@ada.org

Government

Mercury treaty talks prompt concern

BY CRAIG PALMER

Washington—Six professional organizations joined the ADA in advising State Department officials of their "concern" about international mercury treaty negotiations "with respect to the continued availability of dental amalgam."

The Association separately urged U.S. negotiators to "assume a leadership position" on dental amalgam. "It is clear now that these negotiations go far beyond strictly environmental concerns," the Association said in a Feb. 9 letter to the U.S. Department of State that follows an Aug. 11, 2010, ADA letter urging negotiators to consider the dental health benefits of amalgam.

The second session of the United Nations Environmental Program Intergovernmental Negotiating Committee to prepare a global legally binding instrument on mercury (INC2) was held Jan. 24-28 in Chiba, Japan.

"Thank you for [your] willingness to meet with us in Chiba," ADA representatives told a State Department official in the post-Chiba letter. "Now that we have all returned home, we thought it best to formally restate the ADA position on the INC negotiations and make several specific requests for action by the State Department."

The ADA position "as we discussed in Chiba" is basically three-fold, the letter said.

• The ADA supports addressing the environmental impact from dental amalgam as part of the INC process. Per a 2010 House of Delegates resolution, the ADA has stated publicly that it will support a common-sense national separator requirement in the U.S. In one of its interventions in Chiba, FDI (World Dental Federation) made the same point, taking into account any local conditions.

• Any treaty resulting from the INC negotiations should support ongoing and future research into restorative materials as effective and safe as dental amalgam. At present, no such alternative exists for all clinical or economic situations.

Any treaty resulting from the INC negotiations should support ongoing and future research into restorative materials as effective and safe as dental amalgam.

• Any treaty resulting from the INC negotiations should call for national oral health promotion and oral disease prevention programs. Prevention will reduce the demand for dental amalgam and other restorative materials. Prevention is a key premise underlying all public health efforts.

"This approach will reduce the total amount of mercury used in dental amalgam, control that mercury still needed and promote the public health in all nations," the Association said.

"While we appreciate the desire of the U.S. delegation in Chiba to listen to the positions of other nations, based on the comment by the leader of the contact group, there is no consensus on this important topic. For that reason, the U.S. needs to stand up and be heard."

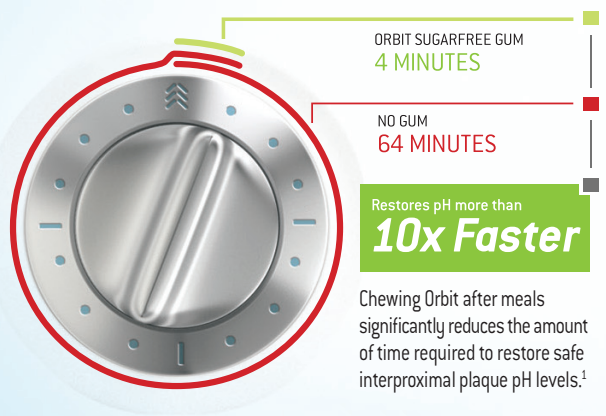
The ADA letter calls for additional public health and oral health representation in the U.S. delegation to the treaty negotiations and for the U.S. negotiating team to treat amalgam as a public health issue. "We are sure you agree that the amount of time and resources devoted to the amalgam topic in Chiba far exceeded its environmental impact," the Association said. "The best way to address this is to deal with amalgam separately, as a health care product and treatment decision.

"This issue is too important for the U.S. to wait for action by other nations. The U.S. should assume a leadership position on this topic."

Six professional organizations joined the ADA in a Feb. 22 follow-up letter to State Department officials written "to express our concern about potential adverse actions that might be taken by the Intergovernmental Negotiating Committee of the United Nations Environmental Program with respect to the continued availability of dental amalgam."

The signing organizations include the Academy of General Dentistry, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Dental Association and Hispanic Dental Association. ■

Orbit® raises salivary pH to help protect teeth.[1]



Chewing Orbit after meals significantly reduces the amount of time required to restore safe interproximal plaque pH levels.[1]

MEAN TIME TO SAFE INTERPROXIMAL PLAQUE pH LEVELS[1]

Orbit sugarfree gum significantly reduces the exposure of teeth to plaque acids. That's because chewing Orbit not only washes away harmful plaque acids, it also boosts the natural ability of the mouth to buffer against them by stimulating the production of saliva with more than 10 times the mean amount of bicarbonate.[2]

Orbit—when it comes to acid, it's basic.

The science of healthier mouths.

To purchase patient samples for your office, please visit www.wrigleydentalcare.com or call Darby Dental Supply at 1-800-645-2310.

References: 1. Fröhlich S, Maiwald HJ, Flowerdew G. Effect of gum chewing on the pH of dental plaque. *J Clin Dent.* 1992;3:75-78. **2.** Dawes C, Dong C. The flow rate and electrolyte composition of whole saliva elicited by the use of sucrose-containing and sugar-free chewing-gums. *Arch Oral Biol.* 1995;40:699-705.

ADA Accepted

The ADA Council on Scientific Affairs' Acceptance of Orbit® is based on its finding that the physical action of chewing Orbit® sugarfree gum for 20 minutes after eating stimulates saliva flow, which helps to prevent cavities by reducing plaque acids and strengthening teeth.

Government

Benefits

Continued from page one

and Human Services on the benefits and services insurance plans must offer.

Pediatric services, including oral and vision care, are among 10 benefit categories generally described in the PPACA, which leaves the detail to government regulators who in turn asked the IOM for guidance.

The ADA and AAPD offered suggestions concerning the scope of oral health coverage as part of the essential benefits and said the Institute of Medicine should recommend that:

- Plans offering pediatric oral services as part of an essential health benefits package should be designed to meet the oral health needs of patients by facilitating the establishment of a dental home by age 1 for every covered child;
- The Children's Health Insurance Program, which includes coverage necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions for all children up to age 19 who are eligible in a particular state, is a good basic starting point for establishing requirements for a pediatric oral benefit;
- Plans offering pediatric oral services should be required to provide appropriate education material to covered children and their caregivers soon after enrollment in a given plan; at a minimum the materials should explain how to properly take care of a child's teeth and gums, offer nutritional guidance and emphasize the importance of accessing regular preventive services;
- As regulations are promulgated, care must be taken to ensure that the pediatric oral benefits are treated uniformly, irrespective of whether the services are offered as a rider to a medical plan or through a dental-only plan, to ensure that patients are treated fairly, and
- The best means of achieving cost containment for the oral health benefit is by varying the patient's participation in the treatment costs; however, to facilitate early intervention, plans offering dental benefits should not contain deductibles or patient copayments for preventive, diagnostic and emergency services because they discourage patients from seeking care; "maximum lifetime benefit" reimbursement restrictions should not be included in dental plans because oral conditions change over time.

The Institute of Medicine also invited testimony from the Children's Dental Health Project for the Jan. 14 meeting. ■

TDA meeting set for May 5-7 in Nashville

Nashville, Tenn.—The Tennessee Dental Association will hold its 144th annual meeting, May 5-7, at the Nashville Convention Center and Renaissance Nashville Hotel.

The meeting is open to all U.S. dentists and dental team members and features a keynote address by Chief Warrant Officer David Cooper.

Dr. Gordon Christensen and Linda Miles highlight the list of speakers providing continuing education. This year marks the beginning of a new tradition for the TDA annual meeting, which is now called the Music City Dental Conference. It's also the first of five consecutive years the meeting will be held in Nashville.

In addition, there will also be a performance from singer Faith Hill as part of a benefit concert for Nashville's Interfaith Dental Clinic. Tickets for that event are limited and sold separately.

For more information, call the TDA at 1-615-628-0208 or visit "www.tenndental.org". ■

AAPD launches pediatric oral health research and policy center

The American Academy of Pediatric Dentistry is launching its Pediatric Oral Health Research and Policy Center, the organization announced Feb. 1.

The center's goal is to inform and advance research and policy analysis to promote optimal oral health care for children. Areas of focus include successful Medicaid dental reforms, oral health literacy efforts, the benefits of establishing a dental home by age 1 and the efficacy of expanded function dental assistant laws.

The center will also help federal and state policymakers determine policies that positively improve the oral health status of children.

"Our center will allow the AAPD to produce timely and high quality research and policy analysis on critical issues impacting children's oral health," said Dr. John R. Liu, AAPD president.

"Too often, policymakers are presented with simplistic 'solutions' to children's oral health that don't hold up to rigorous scrutiny. The AAPD's center will serve as the resource for children's oral health policy and research." ■

Washington state dental therapist bill is dead for 2011

Government

BY KAREN FOX

Olympia, Wash.—A dental therapist bill proposed in the Washington State Legislature died in committee Feb. 17.

The House Committee on Health Care and Wellness chose to not take House Bill 1310 up for a vote. The bill is now dead until the 2012 legislative session.

"We are all appreciative of WSDA's strong effort and thankful for our leadership, Board, committees, Grassroots Dental Action Teams, DentPAC, lobbyists and staff," Dr. Doug Walsh, Washington State Dental Association president, wrote in a Feb. 17 message to members. "We have overcome for this year what was (and still is) a formidable group of supporters for midlevel dental providers. They will not go away."

HB 1310 proposed to create two licensed providers: a dental therapist, in some ways similar to the Dental Health Aide Therapist model currently in use by the Alaska Native Tribal Health Consortium; and an advanced dental therapist, the Advanced Dental Hygiene Practitioner model supported by the American Dental Hygienists' Association. The dental therapist would have practiced under general supervision with liability assigned to the dentist. The advanced dental therapist could practice unsupervised.

"The Washington State Dental Association is committed to cost-effective, practical solutions to expand access to prevent disease and provide dental care," read a statement on WSDA's website in response to the bill. "HB 1310 did not meet those basic principles. In addition, it did not make economic or practical sense and unnecessarily risked patient safety."

Some of the reasons WSDA opposed the bill included:

• The inadequacy of the education proposed. Two tiers of dental therapists were suggested—the dental therapist with a high school diploma and unspecified education; and the advanced dental therapist, a dental hygienist who has completed an unspecified post-baccalaureate training program.

• Inadequate supervision. Dental therapists would be allowed to diagnose and perform surgical procedures outside the dental office with no or very minimal supervision. Advanced dental therapists could practice without dental supervision.

• Major liability issues. HB 1310 proposed a collaborative practice agreement between a therapist and a dentist that is not meaningful and subject to major malpractice and liability conflicts.

• Confusing regulation. HB 1310 proposed a regulatory process that would create conflicts between regulatory agencies.

Dr. Walsh

• The requirement of a state subsidy. HB 1310 is based on dental therapist models in other countries that are funded by the government such as in-school health services or nationalized health care systems.

Supporters saw HB 1310 as a way to correct the shortage of dentists in Washington. Dental therapists, they asserted, are similar to nurse practitioners and physician assistants in medicine.

WSDA countered that the shortage in Washington is not in the number of dentists, but rather funding for the dental safety net. Like many states, Washington has recently made severe budget cuts to adult dental Medicaid and community health centers.

HB 1310 was introduced last month and public hearings began Feb. 9. WSDA held to its principles throughout the lobbying process, emphasizing that changes to the dental workforce must include the following parameters:

• Dentist diagnosis;

• Close on-site supervision by the dentist for any expanded function;

• General supervision for procedures that are authorized by statutes when approved by the dentist based on the dentist's determination of competency;

• Regulation by the Dental Quality Assurance Commission.

In his message to WSDA members, Dr. Walsh called on them to "double down and keep moving forward" in building dentistry's influence in the state capital.

"We must continue the exceptional work that you are doing at the local component level and statewide through the Washington Oral Health Foundation to provide access to those most in need and without means," he added. "Obviously, some legislators and others don't understand and appreciate your generosity and creativity and the wonderful contributions you are making to meet the access challenge."

The dental therapist bill will be automatically re-introduced in the 2012 legislative session unless it is withdrawn by its sponsor.

The Washington State Dental Association participates in the ADA State Public Affairs program, which provides grants and other support to assist state dental societies in public affairs and legislative advocacy. ■

Correctional dentistry

Practitioners cite personal, professional aspects of career

BY STACIE CROZIER

Correctional dentistry—say dental professionals with longtime experience in the field—can be both a vocation and a career path with many benefits for practitioners at different stages in their professional lives.

"There are over 2 million incarcerated individuals in the U.S., making patients in correctional facilities a sizeable special needs population," said Dr. Nicholas S. Makrides, chief dental officer for the Federal Bureau of Prisons in Washington. "In the Bureau of Prisons, there are 116 federal prisons and many, many more state and local correctional facilities. There are a lot of opportunities out there for dentists."

After more than 22 years of practicing in correctional facilities, Dr. Don Sauter is now a clinical professor of restorative dentistry at West Virginia University School of Dentistry and a consultant in correctional dentistry.

"When I started practicing, I was in the U.S. Public Health Service in Washington, D.C. and I met some correctional dentists who were enthusiastic about their careers," said Dr. Sauter. "I wanted to go out and save the world, so I transferred to the BOP. Inmates are a great patient population to work with for many reasons. On a personal level, there's a lot of potential in being able to use a caring touch. Many inmates respond to someone actually relating to them in a caring way."

"It's a vocation," said Dr. Don Ross, north central regional chief dentist for the BOP. "Dental professionals who work in corrections have to want to serve others, and I've found that this is probably the most grateful and appreciative population group I've treated."

As a consultant, Dr. Sauter says that one of the most important aspects of correctional dentistry is delivering quality dental care, consistent with evidence-based standards, even in the face of current government budget shortfalls.

"The quality of care should always be consistently high. There are organizations, like the National Commission on Correctional Health Care, that have developed standards to improve the quality of health care in jails, prisons and juvenile confinement facilities," said Dr. Sauter. "Dental programs may need to adjust the level of care they provide according to the resources available; but ultimately, correctional dental programs should strive to provide quality care."

"It's one of the most scrutinized areas in the dental profession," said Dr. Ross. "And correctional dentists work hard to provide a comprehensive scope of dental care, from preventive, restorative and emergency care to operative and prosthodontic services."

"Some dentists come into a setting like this because they want the convenience of a job with a salary and benefits," added Dr. Sauter. "Some dentists want to do this early in their careers and others find, after running a private practice, that their career can be reborn by entering this environment."

To learn more about career opportunities within the federal Bureau of Prisons, interested dental professionals can log on to "www.bop.gov".

"There are also many state and local correctional opportunities," added Dr. Makrides. "Dentists can visit a particular state's correctional website for more information." ■

—croziers@ada.org

Phoenix to host correctional care meeting May 21-24

BY STACIE CROZIER

Phoenix—Are you a dental professional who would like to know more about correctional health care or network with others in the field?

The May 21-24 Updates in Correctional Health Care meeting at the Sheraton Phoenix Downtown Hotel offers correctional dental professionals opportunities to network and focus on emerging issues.

Nearly 1,000 health care professionals are expected to attend the meeting, which offers preconference seminars, more than 50 educational presentations, networking opportunities and an exhibit hall. Those attending can also make time to enjoy the cultural, shopping, dining and outdoor attractions of Phoenix.

Those who register by April 8 receive an early bird registration discount.

The National Commission on Correctional Health Care is the meeting sponsor.

For more details, to register or to download a preliminary program, visit "www.ncchc.org". ■

Cignet Health fined for privacy rule violations

$4.3 million fine represents HHS first civil money penalty

BY CRAIG PALMER

Washington—A Maryland health center and insurer was fined $4.3 million for denying patients access to their medical records and failure to cooperate with an Office for Civil Rights investigation, the Department of Health and Human Services said.

It was the first civil money penalty issued by HHS for a covered entity's violations of the HIPAA Privacy Rule.

Government

The Office for Civil Rights found that Cignet Health of Prince George's County, Md., violated 41 patients' rights by denying them access to their medical records when requested. The patients individually filed complaints with the civil rights agency, which investigated the complaints.

The HIPAA Privacy Rule requires that a HIPAA-covered entity provide a patient with a copy of their medical records within 30 and no later than 60 days of the patient's request.

HHS issued a notice of proposed determination Oct. 20, 2010, and announced the notice of final determination and civil money penalty Feb. 22.

The penalty is authorized by the Health Information Technology for Economic and Clinical Health Act, HHS said. The privacy rule was issued under the 1996 Health Insurance Portability and Accountability Act.

The penalty includes $1.3 million for failure to provide patients copies of their medical records and $3 million for failure to cooperate with OCR investigations, HHS said.

For more information on HIPAA penalties, see "Q&A Examines HIPAA Penalties" online at "www.ada.org/news/4843.asp".

The ADA Practical Guide to HIPAA Compliance: Privacy and Security Kit contains information about dental office HIPAA compliance and includes sample policies, forms and logs. For more information about the ADA HIPAA Kit, visit "www.adacatalog.org" or call the ADA at 1-800-947-4746. ■

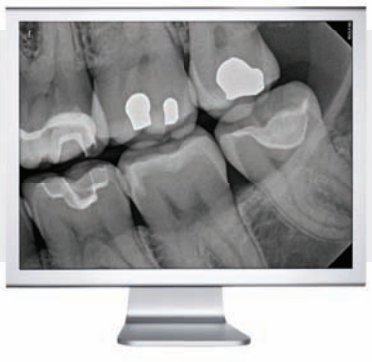
Carestream DENTAL

Kodak Dental Systems

ZERO IN ON PATIENT POSITION

Introducing the world's first Intelligent Positioning System

The new Kodak RVG 6500 system is another first from the company who invented digital radiography. The ground-breaking Intelligent Positioning System (IPS) lets you visually align the sensor placement with an intuitive, real-time display. The wireless sensor lets you share sensors between examination rooms and keep your operatories cable–free. This all with the same film-quality images you've come to expect from the RVG family. To get the right shot, you need the right sensor.



GET YOUR DEMO TODAY

Learn More About the Groundbreaking Kodak RVG 6500 Intelligent Positioning System.
Please visit **www.carestreamdental.com/6500** or call **800.944.6365.**

Carestream Dental

Workforce

Findings

Continued from page one

reimbursement rate.

And if dentists wanted more people who qualify for Medicaid to utilize dental services, the gap between market prices and Medicaid reimbursement rates would still have to be reduced. According to the ADA analysis, the addition of a dental therapist would reduce market prices by an amount less than 1.96 percent.

Also, the ADA notes, most state Medicaid programs do not cover adults, and in solo general practices, less than 20 percent of the patients are children.

The ADA analysis calls into question Pew's methodology, which serves as the basis for the theory that dentists can increase their net income by changing their patient mix to include 20 percent Medicaid patients at a reimbursement rate of 60 percent of the market prices. According to Pew's numbers and analysis, general dentists can increase their income from $337,242 to $511,446 by adding one hygienist/therapist.

But also according to the Pew report, if solo general practitioners were to serve 20 percent Medicaid patients accepting reimbursement rates at 60 percent of market prices, their income would be increased from $337,242 only to $432,542. The base income for general dentists Pew used is significantly higher than ADA surveys have shown.

Under Pew's income calculations, solo general and pediatric dentists, as well as small group practices, have no economic incentive to serve Medicaid patients, and the analysis and results presented in the Pew report make no economic sense, the ADA says.

"We believe that by focusing the analysis on profits, the Pew report inaccurately portrayed dentists as only being concerned with the bottom line with respect to treating Medicaid patients," the ADA states. "Clearly, that is a false representation."

The ADA contends that the major problem with access disparities is the lack of reasonable Medicaid reimbursement rates. While Pew acknowledges this fact in its report, it does not fully appreciate it, the ADA says. Instead, the Pew report suggests that the access to care issue is a dental workforce issue, which could be resolved through the employment of new allied providers. This is not the case, the ADA contends.

Were the information contained in the Pew report to be acted upon, "The entire dental workforce may become alienated, whereby recruitment and retention in the system would suffer," the ADA analysis says. "Medicaid patients, having been promised greater access, will become distrustful. Legislators will become exasperated because promises will not be fulfilled."

Among the ADA's other findings:

• Pew's methodology of assuming the absence of dental hygienists in solo general and pediatric dental practices skews their theory. The ADA notes that on average, solo general and pediatric dentists employ 1.4 and 1.1 dental hygienists in their practices, respectively. Excluding dental hygienists from the baseline structure of dental practices falsely inflates the potential contribution of dental therapists.

• Pew reported the baseline income for a solo general dentist without a dental hygienist as $337,242 and $395,503 with a dental hygienist. Both are numbers the ADA believes are "extremely high" compared to the latest ADA survey data. Solo general practitioners had an average income of $194,320 in 2008, and solo pediatric dentists earned an average of $286,610 in 2005 (the latest data available), according to the ADA Survey Center. "The use of unrealistically high incomes for dentists further inflates the true contribution of new allied providers and exaggerates the cost differential in the production of dental services," the ADA analysis states.

• In a market-oriented economy, the demand for and the supply of dental services determine the equilibrium price and quantity that prevails in the market. Introducing new allied providers into the market would affect the supply but not the demand for dental services. For solo general practitioners or pediatric dentists to supply more services, the cost per unit of existing care to consumers must be reduced. "The analytic results in the Pew report are without foundation in economic theory; they do not meet the necessary condition which is that the demand for dental care must be unlimited (perfectly elastic) at prevailing prices," the ADA says.

• Pew reports the new allied provider as being compensated for his or her additional training, thus commanding a higher salary than a traditional dental assistant or hygienist. Using that theory, employing a new allied provider to do the same services an assistant or hygienist did would increase the cost of existing services rather than reduce it, since the dentist would be paying them a higher salary. "It would be economically irrational and inefficient to employ new allied providers to produce dental procedures currently produced by lesser trained allied dental personnel," according to the ADA analysis.

• Employing a dental therapist would reduce the number of hours the dentist works. The number of work hours available is not sufficient to keep both a solo dentist and a new allied provider fully employed.

"The ADA supports innovations in the dental team that will truly break down barriers to oral health care for those who are in need," the ADA states in its analysis. "The best way that can be done is focusing heavily on prevention—the key to improving oral health and helping patients who need care to receive it from the best and most efficient dental team. All patients, regardless of means, should expect nothing less."

The ADA analysis of the Pew report is available at "www.ada.org/sections/advocacy/pdfs/follow-up-ada-study-to-pew-report.pdf". ■

—soderlundk@ada.org

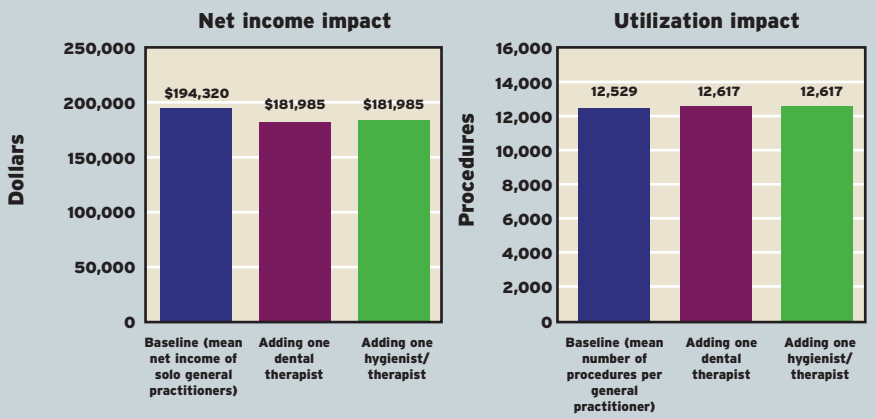
Impact of adding an allied provider

Impact of employing new allied providers in solo general and pediatric practices on:	ADA analysis indicates:	Pew report indicates:
Cost and price of dental care	Decrease	No change
Total expenditures	Decrease	Increase
Gross billings of solo dental practices	Decrease	Increase
Utilization of dental services	Small increase	Unlimited increase
Therapist employment	Part-time	Full-time
Dentist employment	Part-time	Full-time
Dentist net income	Decrease	Significant increase

Source: American Dental Association analysis.

Allied providers' impact on solo general dental practices

These charts show the net income impact and utilization impact of adding one dental therapist or adding one dental hygienist/therapist.



Source: American Dental Association analysis.

Ethics video contest entries due July 31

Through July 31, members of the American Student Dental Association are invited to submit entries for the 2011 Student Ethics Video Contest.

The Council on Ethics, Bylaws and Judicial Affairs hosts the contest with two goals in mind: to create greater awareness of the ethical dilemmas that dental students and professionals encounter, and provide a forum for dental students to consider how those dilemmas should be addressed using the ADA Principles of Ethics and Code of Professional Conduct ("ada.org/ethicsconduct").

The videos can take the form of original drama, comedy, documentary interview(s), public service announcement, music video or any combination. They should be no more than 4.5 minutes in length.

There are two cash prizes: $2,000 for the grand prize winning video and $1,000 for an honorable mention award. The winning videos will be displayed during the 2011 ADA annual session in Las Vegas.

For more information, contest rules and entry forms, contact Earl Sewell at "sewelle@ada.org". ■

Simplicity — powered by performance

From the inventor of the **world's most clinically-proven** self-adhesive resin cement, comes the **next generation.**

RelyX™ Unicem 2 Automix Self-Adhesive Resin Cement provides:

- Convenient automix in the easy-to-use syringe
- Simple and time-saving one-step solution
- Enhanced bond strength and esthetics
- Virtually no post-operative sensitivity
- Easy removal of excess

Plus, the perfect combination in endo treatment — RelyX™ Fiber Post and RelyX™ Unicem 2 Automix Self-Adhesive Resin Cement

For a **FREE SAMPLE** visit
www.3MESPE.com/RelyXUnicem2Sample

For more information visit
www.3MESPE.com/RelyXUnicem2

2011 The Dental Advisor — Top Self-adhesive Resin Cement

The Dental Advisor www.dentaladvisor.com — Editors' Choice

Follow us on: YouTube

RelyX™ Unicem 2 Automix

Self-Adhesive Resin Cement

3M ESPE

Health&Science

Stakeholders discuss cone-beam computed tomography

BY JENNIFER GARVIN

In recognizing the need to keep the public informed on cone-beam computed tomography, ADA President Ray Gist convened a stakeholders meeting Feb. 22 to discuss what dentistry is doing to protect public health on this issue.

The meeting invited dental specialty organizations and industry to evaluate the state-of-the-art and science of CBCT and to advance oral health care. The meeting also included ADA leadership, including representatives from the Association's divisions of Practice, Science, Education, Government Affairs and Communications.

"The ADA's aspiration is to be the recognized leader in oral health," said Dr. Gist. "As we pursue that vision, the ADA brings communities of interest together on issues of importance, such as the effective and efficient use of new health technologies, protecting the safety of our public, strengthening the diagnostic competencies of our profession, and informing industry of best practices in a manner that is consistent with the needs of our communities and promoting the integrity of our profession."

Dr. Gist added, "We approve of the use of advanced technology. The American public deserves the best dental care available without being concerned for its safety, and the ADA is determined to ensure that this care is provided."

During the meeting, participants discussed patient safety and stressed education. The ADA Council on Scientific Affairs is in the early stages of developing a set of guidelines for practitioners on the use of CBCT. Participants also discussed regulatory and legislative issues, reimbursement issues, and standards development and implementation.

In October, the Association hosted an open forum on CBCT at annual session and also published a special report on cone-beam as a supplement to The Journal of the American Dental Association.

In November, the New York Times published an article on cone-beam computed tomography that reaffirmed the Association's long-standing position that dentists should always apply the "As Low as Reasonably Achievable" principle to reduce radiation exposure to patients. The Association also has voiced its support for the judicious use of all diagnostic imaging techniques and procedures that emit radiation.

At this year's annual session in Las Vegas, speakers from the American Academy of Oral and Maxillofacial Radiology will be presenting a continuing education course on CBCT that will offer a full day of training in safety, methods and basic interpretation as well as a post-course examination. The continuing education activity was planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program through joint efforts between the Council of ADA Sessions and the AAOMR.

Following the meeting, the ADA Standards Committee on Dental Informatics held an Imaging Forum to discuss future standards development projects in the area of dental digital imaging and CBCT. Participants were encouraged to join the ADA standards program activities. ■

—garvinj@ada.org

EBD Champions Conference set for July 28-30

BY JENNIFER GARVIN

Thanks to a tremendous response from participants, the ADA Center for Evidence-Based Dentistry announced last month that the EBD Champions Conference will return July 28-30 at ADA Headquarters.

This will be the fourth consecutive year for the conference, which this year is sponsored by the ADA. Deadline for applications is June 10, and applications will be reviewed on a first come, first-served basis to fill the 100 slots available this year.

The conference is open to dentists from practice, academic and public health backgrounds with leadership skills and who are interested in promoting EBD to their dental and medical colleagues, peers and decision-makers. The goal is for the participants to become EBD Champions and serve as resources to their local dental communities by promoting an evidence-based approach to patient treatment and disease prevention.

"This is a great event that is professionally enriching and personally rewarding. Ultimately, we hope that those attending the conference will help lead, promote and advance quality oral health care for the patients we serve in our respective practices, health care settings and communities," said Dr. Dan Meyer, senior vice president, ADA Division of Science/Professional Affairs. "If you have an interest in enhancing your clinical skills along with your scientific expertise, then consider applying and fully participating in this course with your colleagues who share similar interests. This course has been stimulating, entertaining, thought-provoking and a very enjoyable professional experience."

Table discussion: Sandra D'Amato-Palumbo, a hygienist from Westbrook, Conn., acts as recorder during a roundtable discussion at the 3rd EBD Champions Conference in 2010. The conference began in 2008 as a teaching instrument for dentists interested in promoting an evidence-based approach to dental practice.

Dr. Paul Benjamin, a self-described "average general dentist" who practices in Miami, was among the 200 participants to attend the first Champions Conference in 2008.

"I've always been interested in why we do what we do," he explained. "As a clinician, I am just trying to make sure we keep focused on the ADA's definition of EBD which says we need to take into consideration the clinicians' perspective."

In 2009 and 2010, Dr. Benjamin spoke on dental practice-based research networks at the EBD conference and will do so again in 2011.

The ADA Center for EBD continues to grow and gain popularity among member dentists and other dental professionals. In November, the center's website reached a milestone with the posting of the 100th critical summary on "http://ebd.ada.org".

For more information about all related evidence-based dentistry topics, visit "http://ebd.ada.org".

For more information about the EBD Champions Conference or to download an application, visit "www.ada.org/ebdconference". ■

—garvinj@ada.org

APHA seeks Jong award nominations

Washington—The Oral Health Section of the American Public Health Association seeks nominations for the 2011 Anthony Westwater Jong Memorial Community Dental Health Pre- and Post-Professional Awards.

The awards are bestowed in memory of Dr. Jong, a well-known dental educator, mentor and public health dentistry advocate who died in 1992. Award winners will be honored at the APHA's 139th Annual Meeting and Exposition, Oct. 29-Nov. 2, in Washington.

The Pre-Professional Award, sponsored by Colgate Oral Pharmaceuticals Inc., recognizes an outstanding community-based research or service project of an oral health nature carried out by a predoctoral dental student, or a dentist who has graduated within the preceding 12 months from an ADA-accredited dental school, or a dental hygiene student, or a hygienist who has graduated from an accredited school of dental hygiene in the United States within the preceding 12 months.

The Post-Professional Award, sponsored by OMNI Preventive Care, A 3M ESPE Company, recognizes an outstanding community-based research or service project of an oral health nature carried out by a dentist, physician, dental hygienist, nurse, nurse practitioner, social worker and/or other professional with an interest in oral health who is currently enrolled in an eligible public health program.

APHA members or faculty members who worked with a nominated student can submit an application by May 13. For more information about the awards or the application process, contact the 2011 committee chair, Dr. Wanda G. Wright, by e-mailing "wanda.wright@tufts.edu" or calling 1-617-636-3646. ■

Save $10 on dental therapeutics guide through May 15

The ADA/PDR Guide to Dental Therapeutics, 5th Edition, edited by Dr. Sebastian Ciancio, is a must-have resource for all practices.

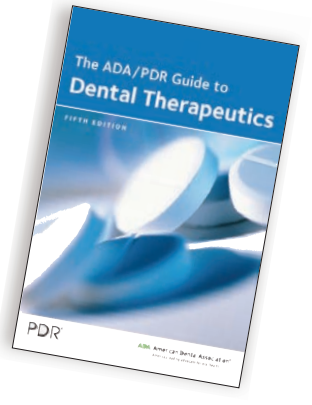
Written in collaboration with 27 leading experts in the fields of pharmacology and therapeutics, this updated edition was developed by the ADA in partnership with PDR and is the most authoritative drug reference guide for dentists. With combined resources, expanded tables and format designed for quick searches and referencing, the guide is designed to help dentists make informed medication-related decisions and includes information on:

- Drugs used in dentistry;
- Other drugs that affect dental treatment;
- Drug interactions and contra indications;
- Oral manifestations of systemic medications;
- ADA accepted non-prescription medications.

The 1,164-page book (P064) is $59.95 for members and $89.95 for nonmembers.

Use priority code 11156 to receive a $10 discount on this item from now through May 15.

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



National Signing Day Season

Encouraging students to convert to active membership

The college sports "national signing day" is when top prospects make their commitment to a particular college or university.

This year, the ADA is urging dental students to commit to organized dentistry by launching National Signing Day Season, which began last month and lasts through April 30.

The goal of National Signing Day Season is to have new graduates sign up for membership on a designated day, said Dr. Virginia Hughson-Otte, chair of the ADA Council on Membership.

"Signing Day Season is one of the ways the ADA is helping students make a seamless transition to organized dentistry," said Dr. Hughson-Otte. "And it's a fun way for dental schools, state and local societies and American Student Dental Association chapters to focus on the transition to active membership."

The transition years are a particularly challenging time for dental students, added Dr. Jean Bainbridge, a member of the Council on Membership.

"With educational debt loads and uncertainties about their future, it's important that students convert to active membership immediately after graduation to take advantage of the reduced dues program," said Dr. Bainbridge.

That program offers students $0 dues for their first year following graduation; then a 25 percent, 50 percent and 75 percent graduated dues rate over the next three years of continuous membership.

"In essence, the new graduate does not pay full dues until four-and-a-half years following graduation if they join the year they graduate," said Dr. Bainbridge. "National Signing Day Season gives the tripartite another opportunity to connect with senior dental students so they can take advantage of the reduced dues program."

Several resources have been developed for societies to use for Signing Day, including fact sheets, posters, "I Signed" sticker templates, applications and sample letters to deans. Dental society staff can access the resources at "www.adadentalsociety.org/goto/signingday".

For information, e-mail "membershipoutreach@ada.org" or call Ext. 7451. ■

Association mails 2011 Member Benefits handbook

The 2011 ADA Member Benefits handbook is on its way to your mailbox, providing you with an overview of the services and resources available to you as a 2011 ADA member.

With so many new and enhanced resources available—including new travel benefits, the online Buying Guide, Find-a-Dentist feature and the ADA e-publications—this guide can help you take full advantage of your membership. The handbook is a members-only resource, with an electronic version also available on the Member Center at "ada.org/members". ■

ADA product discounts at Hinman

Atlanta—Visit ADA Booth 2233 at the 99th Thomas P. Hinman Dental Meeting March 24-26 to order the latest ADA Catalog products and get answers to membership questions.

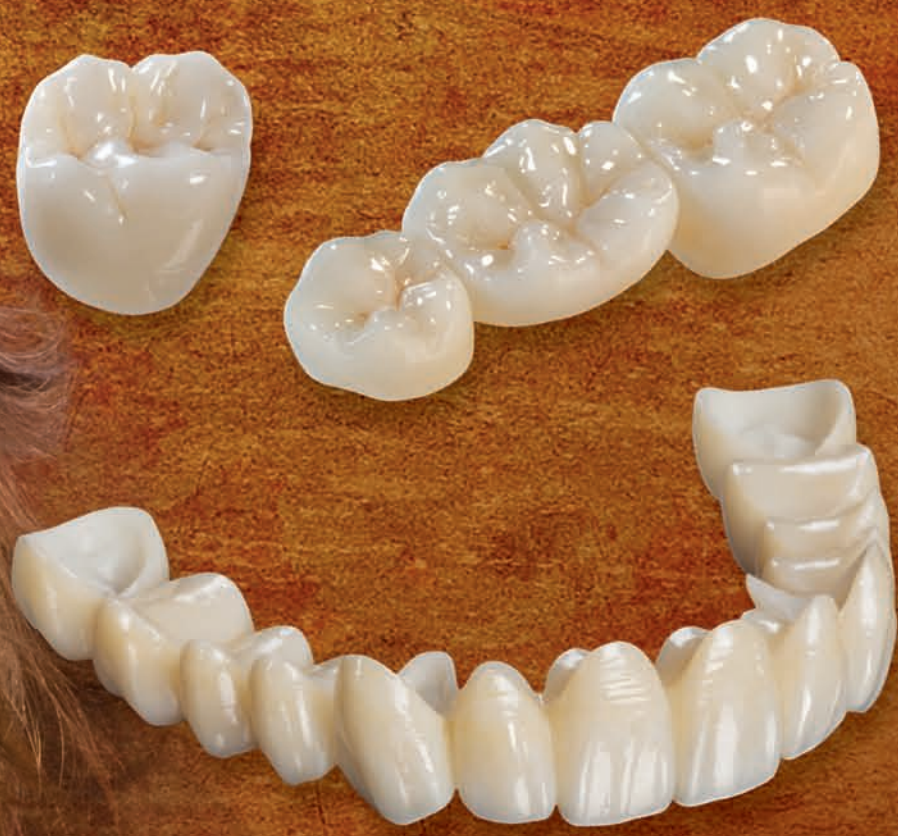
While there, members are encouraged to check out a variety of ADA Catalog products including the new CDT 2011-2012: The ADA Practical Guide to Dental Procedure Codes, as well as pick up samples of best-selling ADA patient education brochures. Member dentists can also have a free portrait taken and update their Find-a-Dentist profile on ADA.org to increase new patient growth.

All ADA Catalog orders placed at the Atlanta meeting will receive a 10 percent discount; orders more than $150 will receive a 15 percent discount. ■

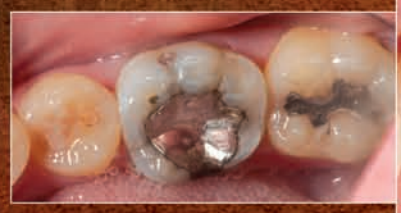
BruxZir®

SOLID ZIRCONIA CROWNS & BRIDGES

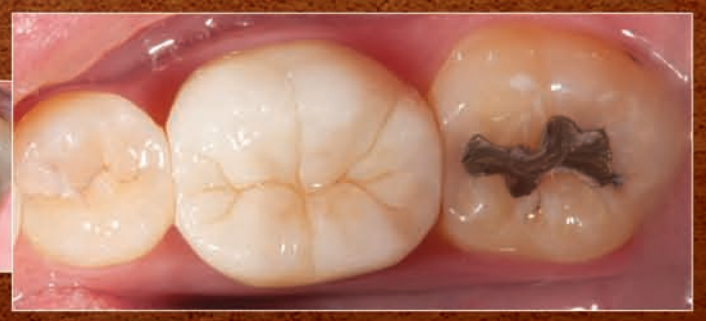
"More brawn than beauty"



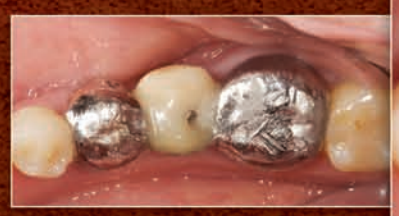
- *Ideal for bruxers who have destroyed natural teeth or other restorations*
- *An esthetic alternative to posterior metal occlusal PFMs and cast gold*
- *Conservatively prepare as thin as 0.5 mm with feather edge margins, much like you would cast gold*



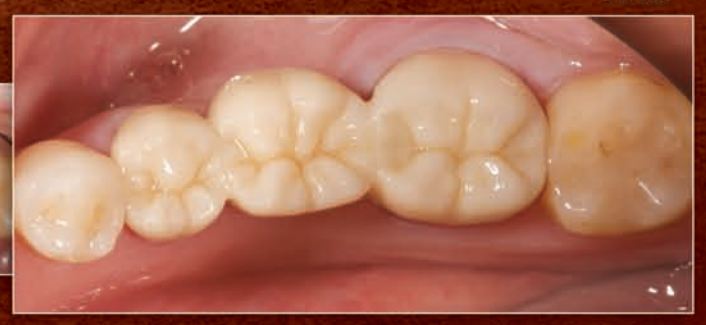
Before



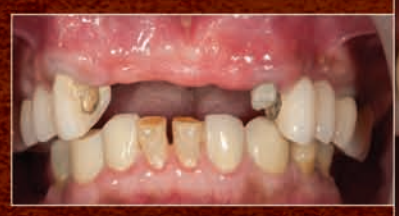
After



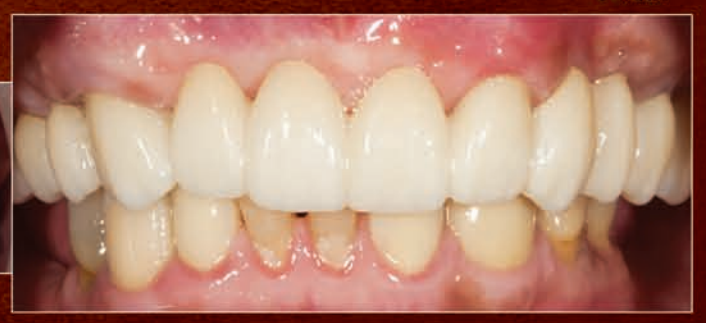
Before



After



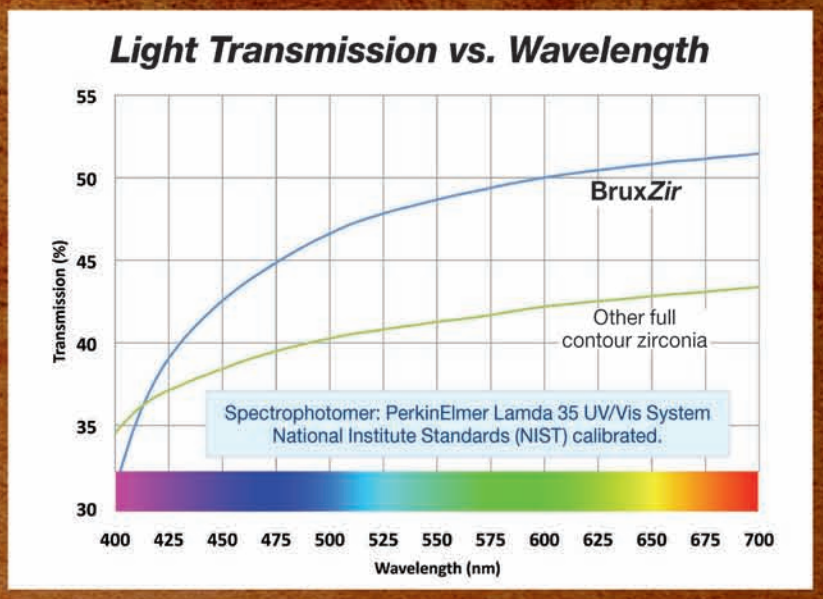
Before



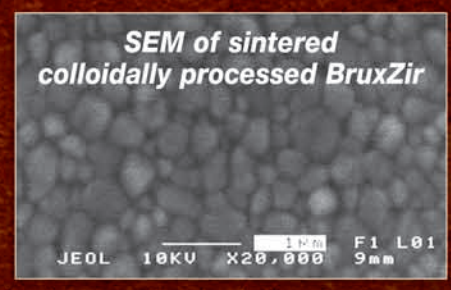
After

Scientific Validation

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

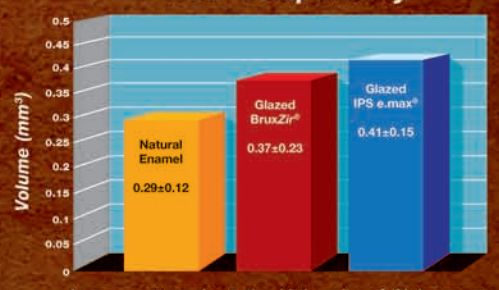


BruxZir's higher light transmission allows for a more natural-looking shade.



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

Wear Compatibility



In a recent study at the University of Alabama at Birmingham to measure the volumetric 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
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Vitality Dental Arts	Arlington Heights	IL	800-399-0705
Ito & Koby Dental Studio	Indianapolis	IN	800-288-6684
Keller Dental Laboratory	Louisville	KY	800-292-1894
Crown Dental Studio	Shreveport	LA	800-551-8157
Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
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
Trachsel Dental Studio Inc.	Rochester	MN	800-831-2362
Webster Dental Laboratory	St. Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Keller Laboratories, Inc. **	Fenton	MO	800-325-3056
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
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Tooth Fairy Dental Lab	Findlay	OH	419-429-8181
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Applegate Dental Ceramics	Medford	OR	541-772-7729
Albensi Laboratories	Irwin	PA	800-734-3064
Fort Washington Dental Lab	Fort Washington	PA	215-628-4944
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
S & H Crown & Bridge Inc.	Knoxville	TN	888-506-1263
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
P & R Dental Lab Inc.	Alexandria	VA	703-916-8866
Saber Dental Studio	Waukesha	WI	800-365-3210
Midtown Dental Laboratory	Charleston	WV	800-992-3368

INTERNATIONAL SERVICING THE U.S.

Smith-Sterling Dental Laboratories **	Cartago, Costa Rica		800-479-5203
Pacific Edge Dental Laboratories **	Baja Calif., Mexico		800-889-9323
EPS Dental Studio	Cuernavaca, MO, Mexico		346-246-5203

CANADA

Highland Dental Laboratory	Calgary, AB, Canada		800-504-3199
Impact Dental Laboratory	Ottawa, ON, Canada		800-668-4691
Protec Dental Laboratories Ltd. **	Vancouver, BC, Canada		800-663-5488

**Also a Prismatik Clinical Zirconia™ Milling Center.

Indiana community health center inaugurates GKAS on Presidents Day

BY STACIE CROZIER

Michigan City, Ind.—HealthLinc community health center's dental clinic in Michigan City celebrated the Presidents Day holiday Feb. 21 by hosting its first Give Kids A Smile Day.

After months of planning, Dr. Scott Van Slambrouck and Dr. Gordon Won and the dental clinic staff were ready at 8 a.m. to offer free dental exams, cleanings, fluoride varnish and oral health education to 39 children. Kids and parents alike were quizzed on the children's dietary and oral care habits and the staff members were pleasantly surprised to learn that some patients had healthy diet and lifestyle habits and few or no cavities, although cavities were found in the mouths of several children.

"I don't eat candy," said Heidi, an 8th-grader from Elston Middle School. Although she couldn't remember the last time she'd had a dental cleaning, Dr. Van Slambrouck praised her for her oral care proficiency, noting that she had very little plaque and no cavities.

Jayden, age 2, brought his sippy cup to his first dental visit. The cup, his mom said, had a little juice diluted with water, and Dr. Won was able to convince Jayden to put down the cup and open wide for a quick exam.

The dentists and team members reviewed brushing and flossing instructions and diet choices with every family and provided a detailed report for every child seen. Kids left with goodie bags filled with dental products, activity sheets and patient education materials plus a shiny red apple to eat later in the day, after their fluoride varnish drying time of 30 minutes.

Typical February weather that included intermittent sleet, freezing rain and snow didn't hamper attendance or dampen enthusiasm during the event.

"Today we are seeing all new patients," said Dr. Van Slambrouck. "Our goal was to use GKAS to reach out to new kids, ages 1-18, to recommend follow-up care as needed and to promote the importance of establishing a dental home. We figured holding the event on a school holiday would make it easier for families to schedule an appointment."

Families who had transportation concerns received tokens for MC Transit, the city's public transportation system, so they could easily travel to the downtown clinic.

He said the response from the community was overwhelming. Within days of promoting the GKAS day to school nurses in Michigan City and other LaPorte County schools, they'd filled every appointment slot.

"We could have had an even bigger program," Dr. Van Slambrouck said. "Next year we will definitely see even more children. The main purpose is to let people know that we are here and to help parents realize that dental caries is a disease that causes many children in our community pain and suffering. Kids go to school in pain more often than parents realize, but it's something we can treat or prevent.

"Sometimes parents suspect a problem and they feel guilty that their child has a cavity and they hesitate to see a dentist because of that. We want to reassure them that it's a very common childhood disease, and there are steps we can take together to alleviate a child's pain and to help prevent future cavities."

Altogether, the Michigan City clinic provided 32 cleanings and fluoride varnish applications and 41 sealants and assigned dental homes for 21 patients.

HealthLinc community health center, which started as a single clinic in nearby Valparaiso, Ind., now has four clinics serving Porter, LaPorte, Starke and Jasper counties. The clinics offer medical and dental care services for Medicaid patients and for uninsured and underinsured patients on a sliding fee scale. The Michigan City office opened in 2008, and last year the dental clinic treated about 2,000 patients.

HealthLinc's community outreach efforts also include a back-to-school health fair and press conference each August as part of National Health Center Week. Last year, some 300 children received needed immunizations (in accordance with changing state laws on immunizations) and more than 150 kids received sports physicals during events at three clinics. Kids in need of dental care also received dental screenings and oral hygiene and dietary education and all kids who attended enjoyed games and refreshments, and received backpacks full of school supplies.

"We've grown like crazy," said Dr. Van Slambrouck. "There is a real need in the community and I'm glad to be a part of the solution."

A 2007 graduate from Indiana University School of Dentistry in Indianapolis, Dr. Van Slambrouck said he made a decision early on to become a community health center dentist rather than opening a private dental practice.

"The more I looked at my career options, the more community health center dentistry excited me," he said. "I wanted to make a difference for families that needed help."

HealthLinc's Valparaiso clinic also hosted its first GKAS on Feb. 21, and saw 43 children.

"I had participated in GKAS several times during dental school, and I really enjoyed it," said Dr. Van Slambrouck. "It's a great way to reach out into the community and to highlight the need for dental care for people who might not be able to afford it. We discussed it at a HealthLinc staff meeting and decided it was something we wanted to do. We are enjoying our day today, and we're already looking forward to next year's GKAS." ■

—croziers@ada.org

An apple a day: Kaitlyn, Brendon and Shannon show off their apples after their cleanings and exams Feb. 21 at the Michigan City (Ind.) GKAS event.

New patient: Jayden, age 2, checks out the operatory from mom's lap during his first dental visit on GKAS day.

Ready: Payton, left, and Nevaeh smile before their appointments.

All done: 11-year-old Mykel shows off a fresh smile after receiving a cleaning and exam from Dr. Scott Van Slambrouck with help from dental assistant Samantha Fickle.

GKAS donation: CareCredit, founding donor of the ADA Foundation Give Kids A Smile Fund, presents a $100,000 donation during the GKAS National Advisory Board meeting Feb. 23 in Chicago. On hand for the presentation are, from left, Dr. William R. Calnon, ADA president-elect; Jeff Beutler, ADA Foundation interim CEO; Cindy Hearn, CareCredit senior vice president, Marketing; Steve Kess, Henry Schein Inc. vice president, Global Professional Relations; and Dr. Raymond F. Gist, ADA president.

DC GKAS 'win-win' for community, profession

BY CRAIG PALMER

Washington—Community cooperation was the key to "a very rewarding" Give Kids A Smile event in the District of Columbia Feb. 4, "a win-win situation for all," said Dr. Stephen P. Tigani, GKAS chair.

"There was a vast amount of cooperation between the general and dental communities," he told the ADA News. "The District of Columbia Dental Society member volunteers, Howard University dental and hygiene students and Howard University faculty and staff came together to provide excellent quality care to the children of Harriet Tubman Elementary School.

"There were 34 member volunteers, 14 of their staff, 169 dental and hygiene students, the D.C. Dental Society staff and Howard faculty that helped treat over 150 children. Treatment consisted of screenings, prophys, sealants and restorative care.

"This was indeed another great day for dentistry, allowing us to raise the level of awareness for the need to treat the underprivileged and to increase the access of care for those less fortunate. Overall, it was a win-win situation for all." ■

—palmerc@ada.org

Photos courtesy of D.C. Dental Society

Smile gathering: Howard University College of Dentistry juniors and seniors volunteer Feb. 4 at Give Kids A Smile.

Treatment time: Dr. Tristram C. Kruger and students Joshwin Hall (standing left) and Stephen Green (seated) treat one of more than 150 children during the DC Dental Society-Howard University GKAS event.

Photo by Martha Camacho

Maryland GKAS: Dr. Michael Virts examines a patient at Frederick Pediatric Dentistry in Frederick, Md. Dr. Joseph Camacho and Dr. Virts provided exams, cleanings, fluoride varnish, X-rays, restorations and sealants to 12 children Feb. 4. Participating kids also received dental care instruction and goodie bags.

Northern Nevada GKAS happens all year

BY KELLY SODERLUND

Reno, Nev.—For northern Nevada, Give Kids A Smile Day is more than just the first Friday in February.

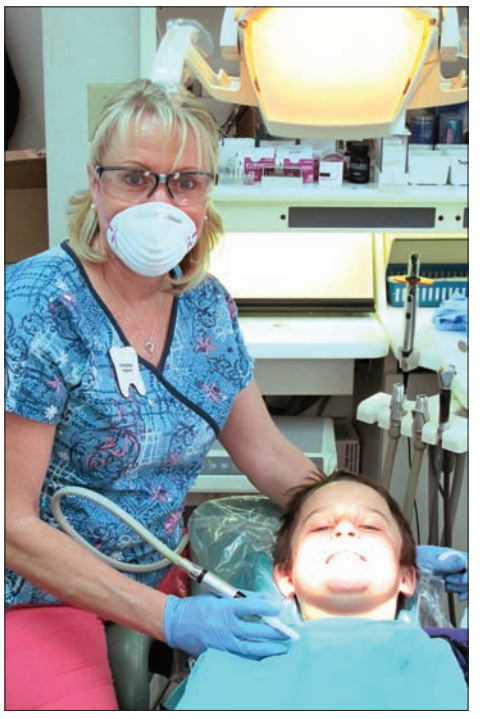
Children from low-income families and uninsured children in the region don't just get a day; they can take advantage of free care year-round. Since 1982, dentists, including specialists, in the Northern and Northeastern Nevada Dental societies have been offering pro bono dental care for children in need as part of a continuous GKAS program throughout the year.

Currently, 42 percent of dentists in the two societies participate, offering both general and specialty care. In 2003, the two dental societies partnered with the Saint Mary's Health Network to expand the program and provide more resources.

"The heart of our year-round program is the corps of volunteer dentists who donate their time and talent to treat marginalized and at-risk children in northern Nevada," said Lori Benvin, executive director of the Northern Nevada Dental Society. "The attractiveness of volunteering for our program is that it gives providers the choice to provide care all at once, as in a day in February, or span their volunteerism by treating children periodically throughout the year in their offices. Our community partner Saint Mary's gives us referral collaboration, a mandatory nutrition education course for all qualified families, and, as our fiscal agent, data collection with annual volunteer continuing education credit hours given to our providers."

But the year-round services never diminish the cornerstone GKAS events on the first Friday in February of every year. Dental offices in Reno, Fallon and Gardnerville, Nev., held events Feb. 4 and 5 this year.

Encouragement: A mom prompts a youngster to open wide for hygienist Kellie Butterworth, left, and Dr. Elizabeth Park at the Gardnerville, Nev., GKAS.



Taking a break: Dental hygienist Christine Leising has a GKAS patient show off his smile.

Drs. Eric and Elizabeth Park hosted a GKAS event in Gardnerville on Feb. 5, treating 36 children and donating $9,600 worth of dental services. The plan is to see some of the children throughout the year to finish their dental treatment.

Three dentists and one orthodontist at The Dentists' Office in Fallon treated 102 children and donated more than $54,000 on Feb. 4. The free care included complete dental screenings, X-rays, cleanings, fillings and sealants.

The Northern Nevada Dental Society New Dentist Committee coordinated its first GKAS event this year at the Health Access Washoe County clinic in Reno Feb. 5. A line began forming at the office at 6 a.m., and by the time the clinic opened at 9 a.m., it wrapped around the building.

This event was unique in that it was open to any child, regardless of family income, first-come first-served, said Dr. David White, chair of the Nevada New Dentist Committee.

"Our community is hurting as a whole, really bad," Dr. White said.

Of the 90-100 children in line, eight dentists were able to treat 68 children, providing $37,775 in free care. It was a feat that took the entire seven hours the clinic was open.

"Nobody stopped to take a lunch," Dr. White said. "I think we did really well." ■

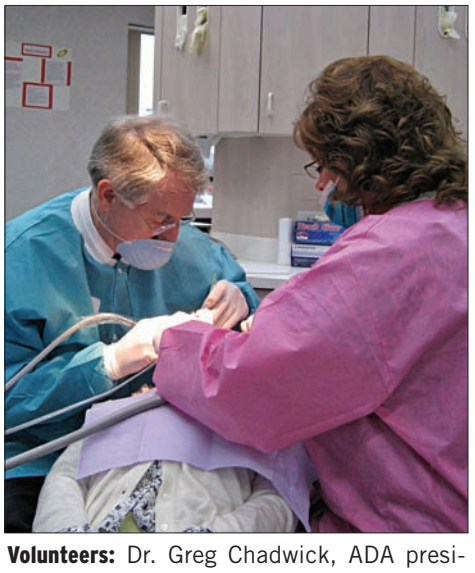
—soderlundk@ada.org

North Carolina GKAS program aims to help kids affected by budget cuts

BY KAREN FOX

Greenville, N.C.—Always one of North Carolina's largest Give Kids A Smile events, the East Central Dental Society's GKAS program faced some added pressure this year.

Turnout was actually down—only about one-third of children scheduled to receive care came for appointments Feb. 4. It's a matter of concern for organizers because state budget shortfalls have limited the number of public health dental hygienists who refer children to GKAS and perform school-based screenings.



Volunteers: Dr. Greg Chadwick, ADA president 2001-2002, treats a young patient in Greenville, N.C. Feb. 4.

"That's the difference between this year and last year," Dr. Lee Lewis told the Greenville, N.C. Daily Reflector. "We didn't have any eyes in the schools."

Dr. Lewis is the GKAS coordinator for Pitt County and hosted events at his practice, Eastern Orthodontics and Pediatric Dentistry. Using 2009 data, organizers worked with 10 area schools that had the highest rates of decay to identify children in need of care. About 125 children were scheduled for treatment Feb. 4.

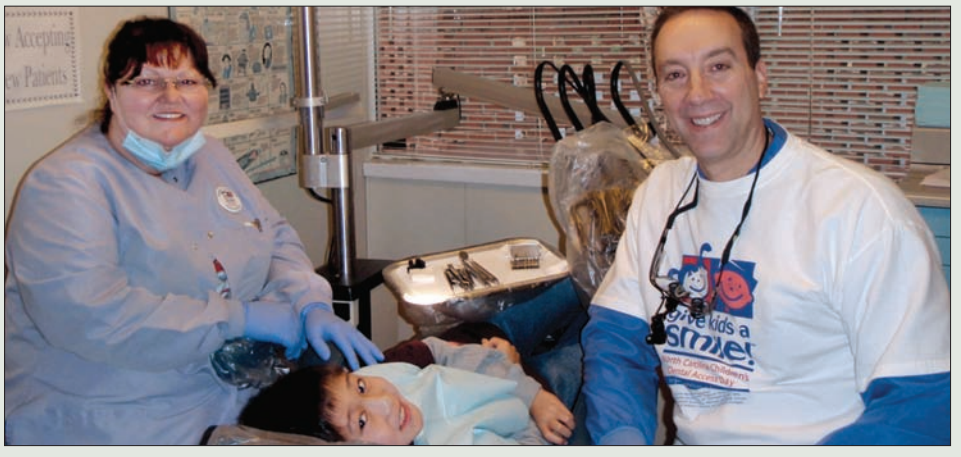
"We tried to get kids that didn't have a dentist, didn't have dental insurance and were not Medicaid patients, kids that kind of fall in the cracks, so to speak," Dr. Billy Williams, GKAS co-chair, told the Daily Reflector.

Dr. Greg Chadwick, ADA president in 2001-2002, volunteered for GKAS in Greenville. In the future, Dr. Chadwick envisions more GKAS events taking place at the East Carolina University School of Dental Medicine, where he is associate dean for planning and extramural affairs. ECU will have three service learning centers in underserved areas of the region.

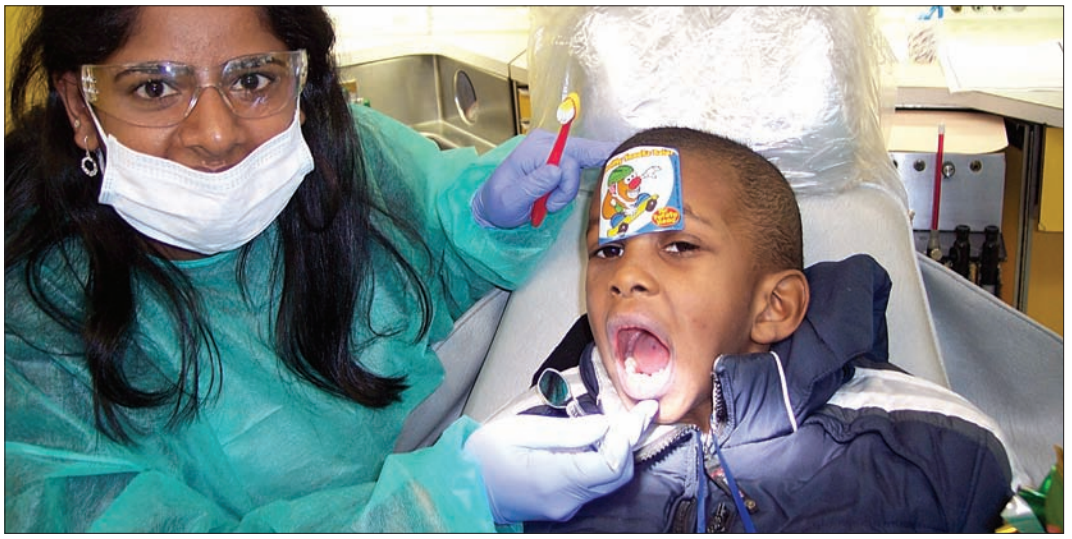
GKAS coordinators invited state and federal officials to attend events Feb. 4 in Greenville and several did, including U.S. Rep. Walter B. Jones Jr. (R-N.C.). ■

—foxk@ada.org

Fun: A little girl enjoys the festivities in Greenville while waiting for treatment.



Carolina pride: Dental assistant Mary Monte prepares Timothy, a student from Viewmont Elementary School, for Give Kids A Smile Day treatment in the office of Dr. William Litaker, right, in Hickory, N.C. State legislators got an up-close look at the state of children's oral health in Hickory Feb. 4. On Give Kids A Smile day in Catawba County, 22 dentists and their staff members provided care to area children and extended invitations to elected officials to visit participating offices. State Sen. Austin Allran and State Rep. Mark Hilton accepted the offer.



Better view: NJDS international student Shalini Thahe asks Kausun James to open wide at GKAS.

Cool shades: GKAS participants at the La Grange, Ill., Community Nurse Health Association don sunglasses that served as goodie bag gifts and safety glasses during their dental visit.

New Jersey GKAS hosts 400 kids at five sites

Newark, N.J.—Children across New Jersey had several reasons to smile Feb. 4: free oral screenings, education, preventive care and treatment were performed as part of the University of Medicine and Dentistry/New Jersey Dental School's 2011 Give Kids A Smile program.

In partnership with the ADA and New Jersey Dental Association, the event is aimed at children 12 and under whose families lack access to regular dental care. A generous grant from the PNC Foundation funded the event and will provide free treatment for those children found to have acute dental needs.

About 400 children received care at the dental school's five sites, and for the first time, an orthodontic screening component was offered.

More than 150 NJDS faculty members, third- and fourth-year dental students, postgraduate residents, dental hygiene and dental assistant students volunteered their time. ■

Looking good: 7-year-old Shaniya Alexander of Newark shows off her smile at the NJDS Give Kids A Smile program.

U.S. Navy seeks volunteers for two humanitarian missions

BY KELLY SODERLUND

The Pacific Partnership 2011 and the Continuing Promise 2011 are seeking dental and other health care volunteers to join humanitarian efforts in the South Pacific and South America and Latin America.

The University of California San Diego Pre-Dental Society Non-Governmental Organization will work with the U.S. Navy on two humanitarian missions this year.

Continuing Promise 2011 will use the USNS Comfort Hospital Ship to travel from Baltimore to Jamaica, through the Panama Canal to Peru, Ecuador, Columbia, Nicaragua, Guatemala, El Salvador, Costa Rica, then back through the canal to Haiti.

The Pacific Partnership 2011 will use the USS Cleveland, traveling from San Diego to Pearl Harbor, Tonga and Vanuatu before a rest stop in New Caledonia, then Papua New Guinea, a rest stop in Darwin, Australia then on to Timor Leste and Micronesia.

Both ships leave around April 1.

"We are seeking dentists, specialists, hygienists, assistants and translators to help in these missions," said Dr. Irvin B. Silverstein, UCSD Pre-Dental Society dental director/advisor. The Pre-Dental Society NGO is a civilian partner for the Navy's Continuing Promise and Pacific Partnership effort.

Dr. Silverstein is also recruiting medical, pharmacy, nursing, veterinary and other health and engineering professionals. Pre-professional students and students in the professional fields can also come with the proper credentials.

"All of the students who volunteer for these missions are experienced technicians and will be supervised by dentists who are licensed to practice or teach in the United States," Dr. Silverstein said. "These technicians will only perform procedures for which they've received proper education and training."

Volunteers do not have to stay for the entire mission and can come on and off the ship. Preference will go to those who can stay on for longer periods of time. Volunteers must pay for their transportation to and from the ship.

The humanitarian missions provide both health care services and infrastructure support. Last year, 133 civilian volunteers from the UCSD NGO traveled to Vietnam, Cambodia, Indonesia, Timor-Leste and Papua New Guinea. The Pacific Partnership saw more than 101,000 patients and 2,800 animals.

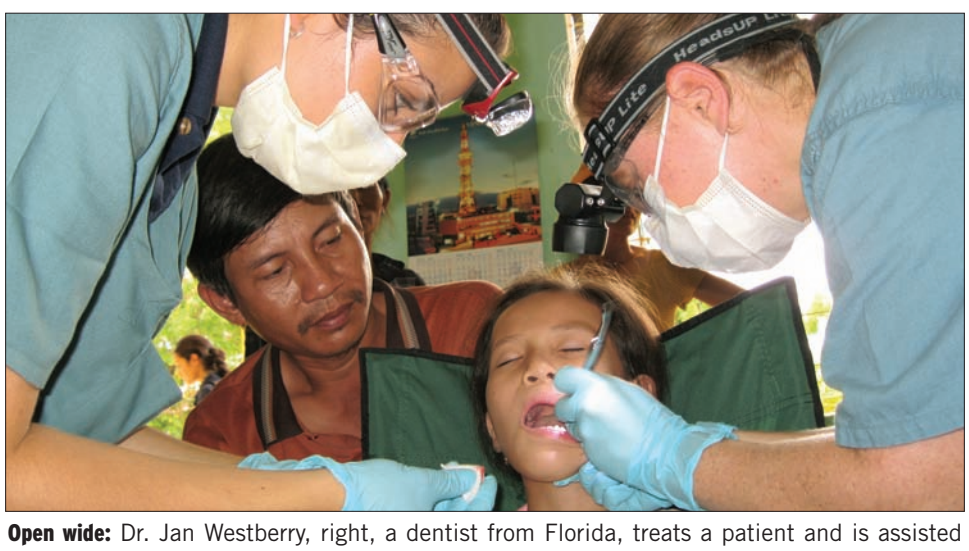
"These missions change the lives of participants from our nation, partner nations and host nations," Dr. Silverstein said. "Our participants have been able to help with and see some amazing things as well as bring friendship, understanding and build closer relationships with different people in the world."

Anyone interested in volunteering for either mission should send his or her name, profession (if student, name of institution) and contact information to Dr. Silverstein at "dsilverstein22@cox.net". ■

—soderlundk@ada.org

Fancy faces: Alice Nguyen, a dental assistant, visits children at an Indonesian school in 2010.

Child's play: Dr. E.J. Welch, a dentist from Massachusetts, stands with children at one of the clinics in Indonesia last year.



Open wide: Dr. Jan Westberry, right, a dentist from Florida, treats a patient and is assisted by Linda Alsad, a dental assistant.

Volunteers sought for Belize mission trips

Centralia, Ill.—The Belize Mission Project seeks dentists, dental hygienists, dental assistants and dental laboratory technicians to volunteer for its projects in October and November.

Mission trips are scheduled for Oct. 14-22 and Nov. 4-12. Since 1991, the project has sent yearly teams to provide medical and dental care to the Central American nation of Belize.

In 2010, 90 volunteers treated almost 4,000 patients in two one-week projects and dental volunteers began a denture-making component for the first time.

For more information, log on to "www.belizemissionproject.com" or call Dr. Frank Whipps at 1-618-532-1821.

For information on a variety of other international volunteer opportunities, visit "http://internationalvolunteer.ada.org". The ADA International Volunteer Website lists more than 100 organizations that offer volunteer opportunities for dental professionals worldwide. ■

FDI appoints new executive director

Geneva—Jean-Luc Eiselé, Ph.D., has been appointed executive director of the FDI World Dental Federation, effective March 7.

Dr. Eiselé will head the FDI office based in Geneva, Switzerland, where he will be responsible managing FDI activities and implementing its strategic and operational plans under the direction of the FDI Council and General Assembly.

Dr. Eiselé's professional background includes more than a decade in medical professional association management. He earned a master's of science in natural sciences from Lausanne University, Switzerland. He received a Ph.D. in microbiology from Basel University, Switzerland. Part of his Ph.D. work was conducted at the European Molecular Biology Laboratory in Heidelberg, Germany. After completing a postdoctoral degree at the Institute Pasteur in Paris, France, he was offered a permanent position. In 1999, Jean-Luc joined the European Respiratory Society in Lausanne as scientific and educational activities manager. In 2001 he was promoted to deputy executive director and in 2007 appointed executive director of ERS.

Dr. Eiselé

"Jean-Luc has a unique mix of experience in association management, in-depth knowledge of publication and communication, combined with a scientific and academic background," said Dr. Roberto Vianna, FDI president. "His experience in congress organization, development of educational programs, scientific journals and fundraising will be essential for the support of our activities."

Dr. Eiselé also has experience in advocacy and was involved in the World Health Organization initiative on noncommunicable diseases in the respiratory field. While at ERS, he contributed to the success of the Year of the Lung 2010 and the launch of the first World Spirometry Day.

Dr. Greg Chadwick, FDI speaker, and past ADA president, said, "We are delighted to have Jean-Luc join the FDI as its executive director. He brings strong expertise and broad experience to our organization. His strategic insight, networking and fundraising skills will help FDI further fulfill its mission for the benefits of all our members."

"I am very honored to be appointed as executive director of the FDI, especially at a time when oral health is starting to be acknowledged by the key global stakeholders as a major health burden in low- and middle-income countries," said Dr. Eiselé. "I am excited to support the efforts of FDI members and council, along with an excellent professional staff team." ■

Anchorage dentist donates emergency dental care

Eye on advocacy: Alliance of the ADA members gather Jan. 24 at ADA Headquarters for a briefing on how the midterm elections might influence how AADA members focus advocacy efforts with legislators. Pictured are, front row: Patsy Dumas, AADA vice president; 2nd row: Debbie Torbush, AADA president-elect; Debbie Preece, AADA president; 3rd row: Dr. Angela Noguera; Renae Neuberger; Betty Nunokawa; 4th row: Judy Sebelius; Tana Hopke; Dr. Rekha Gehani; Lisa Stiegler; Barbara Silvius; Mary Kay Calnon; Teresa Theurer; Rose Ann Szarko; Jan Bierschbach; Lynn Charlton; Jane Auld; Karen Kraus; Debbie Vernon; Nancy Sybrant; Trish Rubik-Rothstein, AADA director.

BY STACIE CROZIER

Anchorage, Alaska—An Anchorage dentist opened his office doors Feb. 11 to provide free emergency dental care to patients in need.

Dr. Terry J. Preece and his staff at the Anchorage Health Smile Center saw 24 patients between 7 a.m. and 10 p.m. and donated nearly $10,000 in free dental care to those with a dental emergency who could not otherwise afford care.

"After working 14-1/2 hours, we were exhausted but ecstatic that we had been able to help so many people," said Dr. Preece. "During these hard economic times, the spirit of giving and helping is needed more than ever. I'm grateful that I have been a part of such an incredible profession for more than 30 years and could provide this service."

At work: Dr. Terry Preece treats a patient Feb. 11 during the Anchorage Healthy Smile Center Free Dental Emergency Day.

Dr. Preece and the dental team provided exams, cleanings, fillings, extractions and palliative emergency care. Dr. Preece's wife Debbie, president of the Alliance of the American Dental Association, operated the front desk, registering all the patients who were treated. Local radio and television stations assisted by spreading the word in the community about the free clinic.

This event was the fourth Free Dental Emergency Day Dr. Preece has sponsored, but as a new Anchorage resident, this is the first observance in the City of Lights and Flowers. ■

BRIEFS

Continued from page one

• Science and Technology—a look at the latest scientific, evidence-based and clinical information;

• Expanding Knowledge—a list of upcoming continuing education and training opportunities;

• Vendor Showcase—a compilation of special promotions and discounts for ADA members.

In addition to these six e-pubs, affiliate members receive Global Connections, which keeps them apprised of ADA information and benefits.

The e-publications are available to all members.

Visit "ada.org/epubsubscribe" for more information or call the ADA toll-free number to submit an e-mail address. ■

THE *"SET IT AND FORGET IT"* TEMP CEMENT IS FINALLY HERE!

NEW!

NEW!

E.T.C.™

EASY TEMPORARY CEMENT

No more temporaries falling out. No more extra "freebie" appointments to replace a lost/broken temporary. Just cement it once and you're done. Parkell's new E.T.C.™ is one of the strongest bonding cements on the market—even stronger than TempBond® Clear™ —however temporaries will still snap off clean, but only when YOU want them to. **Easy.** (That's why we call it **E.T.C.—Easy Temporary Cement.**)

Of course, since it's a resin cement, you'll have to be a little careful with resin cores, parallel preps or undercuts, or you'll end up with a bond that's TOO strong. But a little lubrication with K-Y® Jelly or Glycerine takes care of this. Meanwhile, you'll get great sealing of the margin, plus super-easy dual-cure placement and clean-up. It truly is a "Set It and Forget It" material!

We made E.T.C. translucent to blend in with any tooth and crown shade, so its aesthetics are excellent! Also, being dual-cure, E.T.C. will completely cure in minutes at ANY depth, under ANY material. If you want to speed things up a bit, just hit the margins with a curing light and you're ready for clean-up. **Easy.**

E.T.C. contains Triclosan and is non-eugenol, so it won't compromise the integrity of a bis-acryl or acrylic temp like a ZOE (those mushy crowns are the worst!). When you permanently bond your final restoration, it also won't inhibit the set of the bonding agent and cement. **Easy.**

Just express E.T.C. from the automix syringe right into the temporary. Its low viscosity ensures a clean and complete seating. Then confidently say "Bye, bye" to the patient until it's time for the final restoration. We'll say it again: ***EASY!***

All of this might look good in an advertisement, but it doesn't mean a thing until you've tried E.T.C. for yourself. So go ahead and give it a test-run in your operatory for 45 days risk-free*. If it's not what you were expecting, send it back and we'll refund your entire purchase, including the original ground shipping charges.**

ORDER TODAY!

■ **E.T.C.—Easy Temporary Cement** (S255) **$29.99**
Includes 5ml automix syringe and 10 mixing tips.

REFILLS:

■ **30 Mixing Tips** (S292) **$20.99**

- **Strong adhesion to temporary crowns and bridges.**
- **Translucent shade blends well with tooth and crown margins.**
- **Automix syringe and dual-cure capabilities reduce chairside time.**
- **Contains Triclosan and is non-eugenol.**
- **Low viscosity allows simple, complete seating of temporaries.**

45-DAY TRIAL* Call for details.

**Trial offer valid only when product is purchased directly from Parkell, Inc.*
***Express shipping will not be reimbursed. Priority No. 2910 | 0311_ADA_ETC*

Find us on Facebook

parkell inc.

1-800-243-7446 • www.parkell.com • info@parkell.com