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Recommended Citation

American Dental Association, Publishing Division, "ADA News - 08/06/2012" (2012). *ADA News*. 254.
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ADA News

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

AUGUST 6, 2012

VOLUME 43 NO.14

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BRIEFS

The Review spotlights amalgam separators

The August edition of ADA Professional Product Review has trained the spotlight on amalgam separators in anticipation of the U.S. Environmental Protection Agency's release of a proposed rule on dental office mercury waste.

The EPA is expected to publish a final rule within the next two years that will mandate use of amalgam separators in most dental offices, said Dr. David Sarrett, editor of the Review.

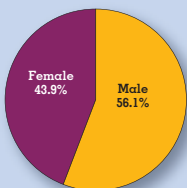
The ADA Laboratories purchased and tested nine separators for evaluation in the Review, which also includes a detailed discussion of practical issues to consider in the selection, installation and maintenance of amalgam separators in the dental office. Since the final EPA rule

See REVIEW, Page 15

JUST THE FACTS

Applications received

In the 2010-11 school year, U.S. dental schools received an average of 1,915 applications. More than two-fifths of the applicants were female.



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

National survey measures adult oral health status

BY CRAIG PALMER

Hyattsville, Md.—Most American adults say their oral health is good, says a survey responding to the Surgeon General's call for more information about the status of the U.S. population's oral health and the ability to access care.

Based on recommendations of the Surgeon General's 2000 report Oral Health in America and subsequent initiatives, the National

INSIDE National Dental Benefits Conference coming, Page 5

Institute of Dental and Craniofacial Research sponsored a set of supplementary questions about oral health on the 2008 National Health Interview Survey conducted by U.S. Census Bureau interviewers.

The purpose of the collaboration was twofold, said the National Center for Health Statistics report published July 18 in the Centers for Disease Control and Prevention's Vital and Health Statistics Series:

- to develop and expand oral health outcome measures
- to produce estimates for the U.S. population as a whole, and for racial and ethnic minorities, rural populations, the young, the elderly

and other subpopulations that could be used to study the impact of the initiatives to improve oral health.

See SURVEY, Page 14



Historic collaboration: The ADA participated in a joint leadership education program with the National Dental Association, Society of American Indian Dentists and Hispanic Dental Association July 19 in Boca Raton, Fla. The presidents of the four groups are, from left, ADA President William R. Calnon, HDA President Lilia Larin, SAID President Ruth W. Bol and NDA President Roy Irons.

Economic viability of midlevel providers questioned

BY KAREN FOX

Several alternative dental workforce models have been proposed as a way to extend care to underserved patients, but a series of reports issued by the ADA July 25 question whether these models can sustain themselves economically.

The reports detail economic

See REPORTS, Page 15

Leaping forward, learning from one another

ADA, NDA, HDA and SAID hold joint leadership education program

BY KELLY SODERLUND

Boca Raton, Fla.—They walked in colleagues, ready to talk about

their challenges as leaders of their respective associations.

They walked out friends.

The presidents of the American Dental Association, National Dental Association, Hispanic Dental Association and Society of American Indian Dentists and members of each of their respective boards met July 19 in a joint leadership education program. The meeting took place at the Boca Raton Resort & Club and preceded the Multi-Cultural Oral Health Summit, a historic occasion and the first

time the NDA, HDA and SAID have held a joint convention.

The meeting has been in the works for some time, since the 2010 National Summit on Diversity in Dentistry. The presidents of the four participating associations continued the dialogue brought forth at the summit through regular conference calls, culminating in the joint meeting.

"We discovered that we needed to learn about each other", said Dr. William R. Calnon, ADA president,

"which we did. This morning, we started to understand that we can learn with each other; but before the morning was done, I think we took a huge leap forward and we started learning from each other. And that is an absolutely groundbreaking moment when we started realizing and trusting each other enough that we can start learning from each other. And to me that's what collaboration is all about."

See LEADERSHIP, Page 4

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† M. Kern et al. "Ten-year results of three-unit bridges made of monolithic lithium disilicate ceramic";
Journal of the American Dental Association; March 2012; 143(3):234-240.
†† Mean observation period 4 years IPS e.max Press, 2.5 years IPS e.max CAD.
See The IPS e.max Scientific Report Vol. 1 (2001-2011).

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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, email: "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. © 2012 American Dental Association. All rights reserved.

ADA American Dental Association®

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PUBLISHER: Michael D. Springer

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SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-7735. Rates—for members \$8 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$91; institution \$135 per year. International individual \$125; institution \$170 per year. Canada individual \$109; institution \$153 per year. Single copy U.S. \$16, international \$18. 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.



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Wind-powered practice, plus discounts for ADA members

ADA members in select states can now receive discounts on electric utilities for their practices and homes while contributing to a cleaner environment.

ADA Business Resources has announced its newest endorsement with Energy Plus, an NRG company—the fastest growing energy supplier in the United States.

With Energy Plus, ADA members can receive three to five percent cash back on electricity supply charges each year, plus additional monthly discounts, and up to a \$50 sign-up bonus when enrolling home and business accounts. In addition, there aren't any enrollment costs, long-

ENERGY PLUS

term commitments or early termination fees.

Members can also sign up for the certified "Green Option" that utilizes 100 percent wind power, and make the environmentally responsible choice to cut pollution, help reduce carbon footprints and support renewable energy.

Enrolling with Energy Plus is simple and only takes one phone call. Members will keep the same utility company that they currently use to deliver energy, but the account with Energy Plus will be noted on their monthly invoice. Each year, account holders will notice

a three to five percent rebate on the supply portion of their energy bills. ADA members' staff and family are eligible for Energy Plus discounts as well.

The Energy Plus discounts are currently available in Connecticut, Illinois, Maryland, New York, New Jersey, Pennsylvania, Texas and Ohio. ADA members residing in New Jersey, New York and Ohio can earn additional cash back and a \$15-30 sign-up bonus for each home and business natural gas account enrolled.

To learn more or to enroll, visit www.energypluscompany.com/ada/choice or call 1-855-500-8707. ■



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Summit paints 'beautiful portrait' of dentistry

BY KELLY SODERLUND

Boca Raton, Fla.—They had been together at the resort and conference center all day; learning from the continuing education sessions they attended and from each other.

At the Opening Ceremonies of the Multi-Cultural Oral Health Summit, they came together even more. They weren't just representing their individual dental associations or even their respective cultures. They all knew they were representing dentistry.

"It's a very special night. But when I look out at the audience, I don't see dentists. I don't see students. And I don't see other dental professionals all representing various dental organizations. No, rather what I see is an absolutely beautiful portrait of the true family of dentistry in this country," said Dr. William Calnon, president of the American Dental Association, who attended the summit and was one of several dental dignitaries invited to deliver remarks at its Opening Ceremonies. "I am proud to call you all my colleagues."

July 20-24 marked the first joint annual session between the Hispanic Dental Association, National Dental Association and Society of American Indian Dentists. It was estimated that more than 1,100 dentists, hygienists, assistants, faculty and administrators, public sector leaders, other associations, technical exhibitors and corporations from across the country attended the summit, held at the Boca Raton Resort & Club. Because of the historic nature of the summit, the ADA helped support the event, along with a number of other sponsors.

"Three of the nation's premier dental organizations joining forces and cultures to host our very first historic meeting—what a monumental event," said Dr. Lilia Larin, president of the Hispanic Dental Association. "The battle for oral health may not be easily won but with a joint approach our goals may soon see a brighter future."

The Opening Ceremonies was attended by a number of notables within the dental profession, from leaders within each association to past presidents to high-ranking dental school officials. It was a powerful showing from leaders in dentistry.



A very special night: ADA President William Calnon addresses the audience at the Opening Ceremonies of the Multi-Cultural Oral Health Summit. Dr. Calnon was one of several dental dignitaries to provide remarks, including HDA President Lilia Larin, left, and NDA President Roy Irons, right. See more photos from the summit on ADA.org.

The Opening Ceremonies was a chance for some of the groups to showcase their traditions and symbols. It began with a prayer, led by Dr. George Blue Spruce, SAID founder, who at 81 years old was considered the elder of the conference.

Spoken in his tribe's native language, Dr. Blue Spruce prayed that the friendships made at the conference would continue after the weekend.

"Our collaborations with the other organizations here have been very educational," said Dr. Ruth W. Bol, SAID president, and a graduate of the ADA Institute for Diversity in Leadership. "We are excited to broaden our spectrum of diversity to this group."

The ethereal mood from the opening prayer was taken up a notch when members of the HDA entered the ballroom carrying large, sweeping flags from Latin America. As Ricky Martin's song "The Cup of Life" boomed from the speakers, HDA leadership took command of the room one by one with big smiles on their faces.

"I've heard the prayers of the American Indians. I've seen the colorful flags. All I can say is God bless America," Dr. Roy Irons, NDA president, said.

At the heart of the summit was bringing three diverse groups together to learn from one another. Attendees also had the oppor-

tunity to attend a number of CE courses on social and clinical issues.

Dr. Teresa Dolan, professor and dean at the University of Florida College of Dentistry, co-lead a session titled Treating Aging America. She shared statistics on how fast the country's elderly population will grow in the next 15-20 years and emphasized how important it is for dentists to know how to treat older patients.

"We're going to need these services someday, and we want to be treated by people who understand the aging process," Dr. Dolan said.

Dr. Dolan was joined by Dr. Gregory Folse, who owns a mobile nursing home practice in Louisiana, and treats patients at 24 nursing facilities. He shared stories from the front line of the nursing home and talked about how rewarding it is to help elderly patients take charge of their oral health.

"Treating aging or special needs patients is a gift from God," Dr. Folse said.

While dentists in the Treating Aging America session focused on the care of the elderly, emphasis was also placed on those at the opposite end of the age spectrum: new dentists. A new dentist panel allowed dental students to hear from young dentists about what it's like the first few years after graduation and beginning to practice.

The summit was also an opportunity for den-

tal school faculty and administrators to learn ways to bring their diverse students together. Dr. Beverly Crawford, director of diversity affairs at the University of Pennsylvania's Penn Dental Medicine school, said she's noticed a number of different cultural groups at the university working independently of one another, and she wants to find a way for them to realize they can accomplish more by working together.

"This summit, I hope, will be the catalyst to show the students how much they could accomplish if they work together," said Dr. Crawford, who will attend the ADA Institute for Diversity in Leadership this fall. "We still celebrate their uniqueness and they share with us their unique culture perspectives but I see that they get a lot more work done as far as community service if they work and support each other. This is historic. I think we're acknowledging there might have been a divide before, and we're determined to work together and improve the numbers of underrepresented minority students who come into the dental field."

The dental leaders found the summit to be a continuation of groundwork that was laid years ago.

"Congratulations to the NDA, HDA and SAID for producing this wonderful conference that meant so much to so many people," Dr. Calnon said. "We have found that we have much common ground; that we have common concerns over the same issues and that we share the same love for our profession and for the public of this country that we serve." ■

—soderlundk@ada.org

Leadership

Continued from Page 1

Dr. Calnon was joined at the meeting by ADA President-Elect Robert Faiella, Dr. Kathleen O'Loughlin, ADA executive director, and several other members of the ADA Board of Trustees.

The meeting also included members of the ADA Board of Trustees' Diversity Committee and six current or alumni of the ADA's Institute for Diversity in Leadership from among the board members of the other organizations.

The some 50 people at the meeting discussed board governance and shared with one another how each of the association boards operate; brainstormed opportunities for further collaboration with a goal of strengthening the governance of each of the boards and leadership development; and plotted out their next steps.

"This is just the beginning of a complete and more open collaboration which should not only happen at the national level but I think it should also expand at the state and local level," said Dr. Lilia Larin, HDA president. "I think the vision and leadership of this group is going to help in our collaborative effort to improve the health status not only of our individual cultures but also of our communities in general. It will help eliminate the health disparities."

Throughout the morning, the presidents found that their associations had more in common than not.

"Our members have a lot of common issues. This meeting is very important for us," said Dr. Roy Irons, NDA president. "I feel very positive and strong about this meeting."

Dr. Ruth W. Bol, SAID president, was glad to see the meeting occur, especially after what she called a groundbreaking diversity summit.

"It is groundbreaking in the sense that this is the first time all of our big groups have met together but I think the actual groundbreaking happened at the diversity summit," Dr. Bol said. "This is the vision that was set at the summit that is finally being carried out for the first time."

In a joint letter sent to each of their memberships in June, the associations described their success thus far and reaffirmed their commitment to future collaboration. The letter states the organizations are "especially proud" of the associations' 2011 accomplishments, which include:

- Collaborating to quickly engage national leaders from outside dentistry who were questioning the wisdom of community water fluoridation on the grounds of disparate risk and social equity.

- Coming together with others in a partnership with the Ad Council for the national oral health message campaign Healthy Mouths, Healthy Lives.

- Their commitment to the joint leadership program for board members from the four associations, which took place with the combined HDA/NDA/SAID annual session.

- The protocol the organizations created to guide use of the video testimonials from the National Summit on Diversity in Dentistry to elevate the awareness of the history of social and professional inequality that all have worked to overcome.

Building on that success, Dr. Calnon wants to keep the dialogue between the associations going and the lines of communication open.

"Personally, I feel that we have to have more face-to-face meetings. We've learned to become friends, and we've learned to trust each other. The way our associations work is there's a constant turnover, so I think the new leaders have to be able to meet the people who have gotten us this far and understand who they are and have a way to learn from their passion and they have to be there as part of that," Dr. Calnon said. "We have very common goals. We share very similar concerns about the oral health of the American public. In this day and age where resources are very precious, whether it be financial or human resources, we need to approach common problems and all work together. What we've accomplished here today is testimony to the fact that we truly recognize that we can work well together." ■

—soderlundk@ada.org

Diversity institute class named

In June, the ADA Board of Trustees selected 12 participants for the 2012-13 Institute for Diversity in Leadership, now in its 10th year.

Class members are: Drs. Shahnaz Ahmed, Ballwin, Mo.; Cheska Avery-Stafford, Milwaukee; Paul Ayson, Visalia, Calif.; Pia Chatterjee-Kirk, Madison, Miss.; Beverly Crawford, Holland, Pa.; Anthony Daniel, San Francisco; Christina Gonzales, San Antonio; Maria Maranga, Northport, N.Y.; Maritza Morell, Andover, Mass.; Daniel Nam, Oakland, Calif.; Vishruti Patel, Plainfield, Ill.; and Prashant Verma, Columbia, Md.

Sponsored in part through generous contributions from Procter & Gamble Oral Health and Henry Schein Dental, the institute provides a diverse group of dentists with education and experience to build a lifetime of relationships and set new leadership paths within the dental profession and their community. Core to the program's philosophy is that the lasting leadership learning is lifelong and experience-based.

Students will work with educators from Northwestern University's Kellogg School of Management during the program, and each participant completes a self-selected personal leadership project.

For more information, go to ADA.org/diversityinstitute. The 2012-13 class dates are Sept. 6-7; Dec. 10-11; and Sept. 5-6, 2013. ■

Lineup set for Sept. 14 National Dental Benefits Conference

BY JEAN WILLIAMS

Health care reform, criminal prosecution for health care fraud and an analysis of why some codes are reviewed more than others are a few of the topics the Sept. 14 National Dental Benefits Conference will cover.

Sponsored by the ADA Council on Dental Benefit Programs at ADA Headquarters, the conference offers an opportunity for dentists to hear from recognized experts on dental benefits issues. Dentists who attend will receive up to seven continuing education credits.

The 7 a.m.-5 p.m. conference opens with breakfast. For more information, please visit ADA.org/benefitsconference.

Program highlights include:

- The Role of Dental Consultants in

Dental Benefit Administration—Dr. Gary Colangelo, a certified dental consultant, will assess the roles and responsibilities of dental consultants in the operation of dental plans, ethical issues in dental consulting and how practicing dentists and organized dentistry can interact with dental consultants who have dental plan administrative responsibilities.

- **Criminal Prosecution, the Ultimate**

Claims Review—Dr. Roy Shelburne, who went to prison in 2008 and was released in 2010, will discuss ways to protect practices and to prevent what happened to him from happening to other dentists.

- **Payers and Quality Improvement Initiatives**—Dr. Robert Compton will discuss how one dental plan administrator responded to changing market demands related to the

Children's Health Insurance Plan Reauthorization Act of 2009 programs, Medicaid and the ADA Dental Quality Alliance measures and created a program that both achieves improvement in quality of care as well as innovative approaches to provider compensation.

Other topics include The Impact of Health Care Reform on Health Systems, Dental Insurance Companies and Dental Consumers —Ben Wright, AmeriBen; Contracts, Coding and Claims; Dr. Charles Hoffman—member, ADA Council on Dental Benefit Programs; Using Claims Review Protocols to Establish a Value Proposition to Client Groups— Dr. Gary Dougan, national dental director for MetLife, and Dr. Brian Fitzgibbons, manager of consulting dentists for MetLife. ■

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ADA reports on cone beam CT in August JADA

BY JEAN WILLIAMS

In the August issue of The Journal of the American Dental Association, the ADA Council on Scientific Affairs presents a new advisory statement addressing the use of cone beam computed tomography in dentistry.

CBCT provides three-dimensional views of dental and associated maxillofacial structures with high dimensional accuracy; the technology has expanded the field of oral and maxillofacial radiology, according to the statement.

“Consistent with its mission to serve as a primary resource on the science of dentistry, the ADA Council on Scientific Affairs reviewed the current science, guidance and other resources available from professional organizations to prepare this advisory statement of principles for the safe use of CBCT in dentistry,” the statement says.

The statement provides essential principles for consideration in the selection of CBCT imaging for individual patient care with an overall emphasis on the practitioner's primary ethical obligation to protect patients from harm including: weighing the potential clinical benefits and risks of CBCT versus other options; the importance of keeping radiation exposure as low as reasonably achievable (ALARA); and establishing a facility quality control program to maintain compliance with applicable local, state and federal requirements.

Additionally, the statement advises that CBCT imaging should not be performed for screening purposes and additional considerations should be weighed before use with children and adolescents.

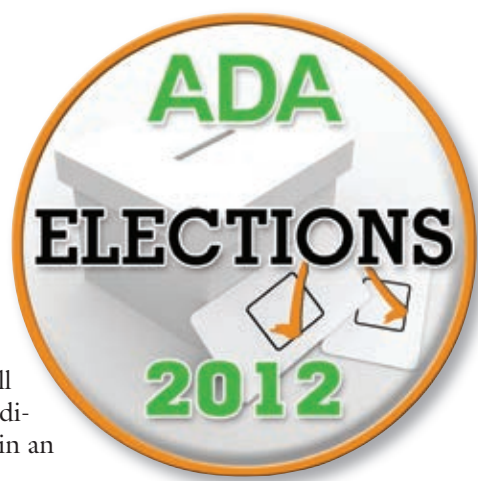
The draft recommendations underwent a broad stakeholder review process, resulting in significant input from other ADA councils and the several leading dental and health organizations to develop the final statement. The ADA expresses its appreciation to those organizations in the statement, which can be viewed online at jada.ada.org/content/143/8/899.full. ■

Campaign Statements

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

The candidates included are those who—as of Aug. 6—had decided to seek national office through the upcoming Association elections held concurrently with the Oct. 19-23 House of Delegates meeting in San Francisco.

If more than one candidate is running for an office, the candidates are listed in alphabetical order. Elections for contested races will be held Oct. 22. Candidates in uncontested elections will be declared elected at the first meeting of the House on Oct. 19. The candidates' profiles and statements are also posted for members only on ADA.org. Candidates for speaker and treasurer will be presented in an upcoming issue of The ADA News.



Samuel B. Low, D.D.S.

President-elect candidate

I believe the primary focus of the ADA must be to preserve and protect the doctor-patient relationship with the dentist as the sole diagnostician and clinical head of the dental team. This is essential for the successful practice of dentistry. Any third party intrusion which undermines the ethical practice of dentistry must be challenged and be the highest strategic priority at all levels of the tripartite.



Members are the ADA's lifeblood—the heart of our organization and inclusion of all dentists is mandatory. To enhance member value, it is essential that the ADA be proactive and shed the reactionary mode of the past. We must create an ADA where all dentists want to be members.

We must accomplish our goals in a timely manner without duplication of efforts and with efficient use of volunteers' time. The results we achieve should be the measure of our success, utilizing a fully engaged Board managing the ADA.

Leaders embrace responsibility, have clear vision and take risks to ensure preservation of their organizations. They understand that while staff may implement goals, volunteers establish them. I will make full use of these skill sets to protect our profession from those who would compromise our core values. ■

PROFILE

Current residence: Palm Coast, Fla.

Dental school attended: University of Texas at Houston

Year received dental degree: 1973

Postgraduate education/specialty: Periodontics

Years of ADA membership: 40

Other professional memberships:

- Academy of General Dentistry
- American College of Dentists
- American Academy of Periodontology
- Pankey Institute
- American Dental Education Association

Volunteer posts/elective offices held in organized dentistry:

- President, Florida Dental Association
- Faculty mentor, American Student Dental Association, University of Florida College of Dentistry
- President, American Academy of Periodontology
- Trustee, ADA 17th District
- ADA BOT liaison to Council on Membership, Council on Dental Education and Licensure, Council on Dental Benefits and Programs, and ASDA

What are the three most critical issues facing dentistry today?

1. Third party intrusion into the doctor-patient relationship. Whether it's an insurance company limitation, the government, a whitening kiosk, a midlevel provider, or an unfavorable management service agreement, third

See DR. LOW, Page 8

Charles H. Norman, D.D.S.

President-elect candidate

Today, the evolving economic, regulatory and communications environment leaves the American Dental Association at a crossroads. As an organization, we must adapt to the changing realities or face the prospect of becoming less relevant. To succeed, we need strong leadership and innovative thinking.



People outside of our profession have questioned our credibility as the voice of dentistry and as the policymakers for our profession. The weak global economic and aggressive regulatory environment could strain the health of our organization and the reputation of dentists. In addition, we are losing membership market share vital to the ADA's financial stability.

To address these challenges, we must establish ourselves as a proactive advocacy organization, effectively communicating our vision and building the relationships necessary to protect our interests and those of our patients. Dentistry is a science-based medical profession and it is our responsibility to ensure that only dentists diagnose diseases and perform surgical or irreversible procedures. We need to reach out to young dentists and students to understand what they want from a professional organization and how we can add value to their professional lives.

I ask for your support to build a vibrant and sustainable organization that withstands the challenges ahead. ■

PROFILE

Current residence: Greensboro, N.C.

Dental school attended: University of North Carolina School of Dentistry

Year received dental degree: 1977

Years of ADA membership: 35

Other professional memberships:

- Academy of General Dentistry
- American College of Dentists
- International College of Dentists
- Pierre Fauchard Academy
- International Congress of Dental Implantologists

Volunteer posts/elective offices held in organized dentistry:

- ADA 16th District trustee
- Chair, ADA Budget and Finance Committee
- Chair, ADA Council on Dental Practice
- President, North Carolina Dental Society
- Board of Directors, ADA Foundation

What are the three most critical issues facing dentistry today?

1. Interference in the doctor/patient relationship: We have an obligation to defend every dentist's ability to make clinical decisions without interference from insurance carriers, corporate executives, and federal and state regulators.

See DR. NORMAN, Page 8

Brian E. Scott, D.D.S.

Second vice president candidate

This is a time of challenges for our profession and our Association. We need to address these issues as an organization dedicated to supporting our membership and striving to allow them to provide for the oral health needs of our nation. To do so as an association we must work together to strengthen our fiscal position in these difficult economic times while clearly demonstrating the value and relevance of our work to our membership.



Strong leadership across the tripartite that allows for open communication and transparency in our deliberations is a must in formulating answers to our challenges. Access to care, student debt, educational staffing, third party payer issues and maintaining the dentist as the head of the dental team are but a few of the issues that we as a profession are facing. The ADA must be leading the way in finding solutions that make sense.

Today we shape our future. It is a precious responsibility to be in leadership at this critical time for our profession. I possess the experience, the work ethic and the desire to play a role in working toward our successes. I appreciate being considered for the opportunity to contribute. ■

PROFILE

Current residence: Livermore, Calif.

Dental school attended: Case Western Reserve University School of Dental Medicine

Year received dental degree: 1978

Years of ADA membership: 38

Other professional memberships:

- American College of Dentists
- International College of Dentists
- Pierre Fauchard Academy
- Association of Military Surgeons of the United States

Volunteer posts/elective offices held in organized dentistry:

1. President, California Dental Association
2. Chair, California Dental Association Foundation
3. Board of Directors, The Dentist's Insurance Company
4. CDA Finance Committee
5. ADA Council on Access, Prevention and Interprofessional Relations

What are the three most critical issues facing dentistry today?

1. Third party payer issues
2. Access to oral health care for underserved populations
3. Dental education issues (insufficient faculty, student debt)

See DR. SCOTT, Page 8

Learn the business side of dentistry through University of Florida course

BY KELLY SODERLUND

Gainesville, Fla.—Dr. Matthew Nawrocki's degree from the University of Florida College of Dentistry prepared him for the clinical side of dentistry. But the business side? He needed some more help.

This wasn't something the 30-year-old Jacksonville, Fla., prosthodontist realized until he purchased two general dental practices with the intention of merging them. Like most dental students, Dr. Nawrocki had a short course in practice management while in dental school, but it wasn't until he put himself in charge of managing the business that he realized how much he was missing.

"The course in dental school was just enough to tell you what you don't know and kind of scare you," Dr. Nawrocki said. "There's so much stuff on the business side you don't know about, and it's a little daunting."

He found the answer within his alma mater. This fall, the University of Florida College of Dentistry will offer its first Executive Practice Management Certificate Program for Dentists. The 13-month program, launched by the university's Continuing Dental Education Office, will prepare dentists to become business owners and executive managers within their practices.

"Dentistry has needed a program like this for years," said Dr. James Haddix, associate professor and assistant dean for Continuing Education at the University of Florida College of Dentistry. "I have students that come back to me all the time who tell



Dr. Haddix

me that they wish they had gotten better business training in dental school. I don't think it's unique to our dental school. I think dental education in general doesn't emphasize the business aspects of dentistry as much as we need to."

Dentists who enroll will learn about finance, practice operations and compliance, human resources, and sales and marketing. The course will also tackle buying or building a practice, becoming an associate, debt reduction through overhead control and wealth accumulation for practice transitions.

It includes monthly weekend face-to-face meetings in Orlando plus a supplemental online Web course. The classes will be small—between 15-25 dentists—and topics are divided into 13 modules, with one module taught one weekend per month.

"Our ultimate goal of this program is for our participants to develop the business skills they need to increase their practice's efficiencies and create solid financial growth and stability so that, ultimately, they can focus on serving their patient's needs," Dr. Haddix said.

The University of Florida is an ADA Continuing Education Recognition Program recognized provider and students can receive 186 hours of CE from the practice management program. Those who are accepted must be practicing, actively-licensed dentists, newly graduated dentists or graduating dentists in

dental school.

Tuition is \$15,487 and does not include travel or accommodations in Orlando.

The content of the practice management course intrigued Dr. Nawrocki and his twin brother Dr. Andrew Nawrocki, a prosthodontist in Ormond Beach, Fla., but the price really sold the idea. They had been researching

programs they could enroll in to gain business skills and had considered other practice management courses or even getting a master's in business administration. These programs would cost them anywhere from \$30,000 to \$100,000, Dr. Nawrocki said.

"From a cost benefit standpoint, I really think it's excellent," Dr. Nawrocki said. "It

is really one of those programs that takes you from A to Z, start to finish."

For more information on the Executive Practice Management Certificate Program for Dentists, visit <http://epmfordentists.com> or contact Michelle Hopkins at 1-800-550-4590 or mhopkins@dental.ufl.edu. ■

—soderlundk@ada.org

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'JADA Live' CE seminar series to debut

To broaden its reach as dentistry's leading professional journal and offer dentists more of what they need to improve their practices, The Journal of the American Dental Association in September will launch "JADA Live," a series of continuing education seminars to take place at selected venues across the country.

The first in this series of full-day seminars will be held Friday, Sept. 14, at The Westin Galleria Dallas in Dallas, Texas. The program, entitled "Advancing Your Practice Through Office Design," will feature Mark Tholen, DDS, MBA, a veteran of 10 years in private dental practice and past CEO of T.H.E. Design, a dental-office design firm that has created more than 3,000 practices in every state as well as in Europe and Australia.

Two more JADA Live seminars are scheduled after Dallas:

- "Dentistry in a Digital Age: Unlock Your Practice Potential"; Friday, Sept. 21, Chicago Oak Brook Hills Marriott Resort, Oak Brook, Ill.;

- "Contemporary Treatment Planning and the Role of 3D Imaging in the Dental Practice"; Friday, Sept. 28; DoubleTree Philadelphia - Valley Forge.

Each seminar will begin with registration and continental breakfast, include a luncheon and continue into mid-afternoon. Dentists who participate in a JADA Live seminar can earn

J A D A
Live

CE credits provided by CERP, the ADA Continuing Education Recognition Program. The number of CE units available will vary with the seminar.

Managed for the ADA Publishing Division by the Antidote Education Company, the series is made possible through grants from Pelton & Crane, Marus, KaVo, DEXIS, i-CAT, Gendex, Instrumentarium, Soredex and Henry Schein Dental. The seminars are expected to continue in 2013 and beyond. More about that soon.

"JADA today is much more than a print journal," said Michael Springer, managing vice president and publisher, ADA Publishing. "JADA is a lifelong learning platform for our members and the entire dental profession. It encompasses print and digital publications—and now offers live learning seminars as well."

Mr. Springer cited research showing that dentists rate as highly desirable live educational events that offer CE credit.

"JADA Live will allow us to develop deeper connections with our readers and members by bringing continuing education to the local level," said the ADA publisher.

To register for one or more of the JADA Live seminars, go to www.jadalive.org or call 888-692-2631. Registration for each seminar is \$99 for ADA members, \$125 for nonmember dentists, though early-bird discounts are available. ■

Continued from Page 6

Samuel B. Low, D.D.S.

PROFILE

party intrusion affects the way we interact with our patients. And that affects dentistry.

2. Professional ethics. The downturned economy and overwhelming student debt challenge our values.
3. Quality of dental education. It is time to hold agencies accountable for a higher standard of competency for the practice of dentistry.

What are your three main goals if elected?

1. Focus the ADA on its mission, especially strategic goals 1 (to help our members be successful) and 4 (the ADA be fiscally responsible in supporting those efforts).
2. Minimize duplication and decrease actions that do not support our members.
3. Strategize to create an ADA that members are proud of and that nonmembers want to join.

What are your main qualifications for the office you seek?

1. Experience as an officer of multiple dental organizations—knowing how to be effective as a leader and understanding the dynamics of large volunteer organizations.
2. Experience as an administrator of both a dental school with 350 employees and its large group faculty practice with 35 dentists for over 10 years—knowing how to manage a budget that is dependent upon variable legislative funding and making the tough decisions with the funds that are available.
3. Experience as a facilitator in strategic planning—both short and long term.
4. Experience in corporate relationship development by serving on the advisory boards of several major dental companies as well as starting two corporations.
5. Experience in knowing and appreciating the practicing dentist from 20 years of speaking around the country—by listening to the concerns and understanding the issues we face, the pulse of the practitioner nationwide will be brought to the ADA.

Why do you want to be an ADA officer?

My goal is to provide leadership to support our profession in the challenges and opportunities which lie ahead. Together, we are going to make a difference. Synergy happens when leaders provide the glue for our very capable volunteers. I believe I can direct the passion of our volunteers to make the ADA more vibrant, more effective and more meaningful to our members.

QuickTakes

Summaries of ADA News stories published online

Pre-session Volunteer Symposium set for Oct. 16-17 in San Francisco

The ADA's 2012 Volunteer Symposium: Increase Oral Health Gains by Volunteering, will take participants beyond the nuts and bolts of international volunteering by emphasizing the importance of creating and supporting sustainable programs that will continue to serve people in need long after volunteers have returned home.

This 1½-day pre-session program (course 3114) will be held at the Moscone Center Oct. 16, 5-10 p.m. and Oct. 17, 8 a.m.-5 p.m. The cost is \$200 and includes a Tuesday evening reception and Wednesday breakfast and roundtable working lunch.

"This year's symposium will include an overview of sustainable development projects, training in cross-cultural communications and implementing primary health programs using proven health promotion methods," said Dr. Christopher Holmgren, one of the course's speakers.

The symposium will be limited to 50 participants. For more details about the symposium, visit ADA.org/news/7457.aspx. ■

Gifts, apparel plus ADA member discount from Lands' End

Lands' End, the only apparel company endorsed by ADA Business Resources, is many ADA members' top choice for uniforms, apparel and patient gifts.

Dr. Tim Cooper of Stevens Point, Wis., enjoys the professional image that Lands' End uniforms project to his patients. Lands' End (ada.landsend.com) gave him a polished and unified look, and as an ADA member, a 10 percent discount.

"Knowing our order will be done right, without worry, is what has kept us with Lands' End," said Dr. Cooper, who also selects Lands' End bags, coffee mugs and thermal glasses as patient giveaways.

For more information, visit ADA.org/news/7445.aspx. ■

Continued from Page 6

Charles H. Norman, D.D.S.

PROFILE

2. Scope of practice: We must protect the public by preventing lesser-trained auxiliaries from providing services that only a licensed dentist should provide.
3. Membership: Our financial health and effective advocacy requires a robust membership. Reaching and recruiting new dentists must be a priority.

What are your three main goals if elected?

- Strengthen our position as an advocacy organization by building relationships with organizations sharing common goals.
- Increase membership to assure our financial strength and position as the voice of dentistry.
- Develop a proactive communication plan that addresses critical issues, such as access to care, scope of practice and intrusion into the doctor/patient relationship.

What are your main qualifications for the office you seek?

Varied experiences are necessary to become an informed, effective leader. Several of my notable achievements are:

- Having served as president of my state society, its for-profit subsidiary and its foundation, I am confident leading legislative advocacy, policy development, financial accountability and strategic thinking.
- While chairing the ADA Council on Dental Practice, in addition to other ADA committees, I have developed a leadership style that respects diversity of thought and builds consensus to achieve results that make a positive difference.
- I have served four years on the ADA Budget and Finance Committee and am currently chair. My experience with the ADA finances and the current budgeting process is a valuable asset.

- As a practicing dentist and small business owner for 35 years, I identify with the challenges facing our members and will focus our resources to address their concerns.

Why do you want to be an ADA officer?

I realized early in my career that I could make a difference by being involved. Our profession faces more threats now than ever before. We need strong, determined leadership to move this Association forward. I am proud that my son has chosen a career in dentistry, and I want to ensure that he and his colleagues are supported by a robust ADA during these challenging political and economic times.

Continued from Page 6

Brian E. Scott, D.D.S.

PROFILE

What are your three main goals if elected?

1. To establish and maintain fiscal solvency for the ADA.
2. Establishing workable solutions to inadequate oral health care for the underserved that do not involve nondentists performing irreversible surgical procedures.
3. Establishing and maintaining open and transparent lines of communication between the vice presidents, trustees and our membership.

What are your main qualifications for the office you seek?

1. Six years of experience successfully serving as an officer for the largest state dental association in the ADA.
2. Twenty-six years serving in elected leadership roles in organized dentistry.
3. A strong knowledge of the ADA gained by serving on a council, numerous committees and workgroups and 11 years of experience as a delegate to the House of Delegates.
4. Leadership skills that are grounded with a demand for transparency at all levels and the ability to listen to those around me before formulating my opinions.
5. Twenty-two years in widely varied leadership roles as an officer in the U.S. Navy Dental Corps.

Why do you want to be an ADA officer?

The profession of dentistry is currently being impacted by a number of critical issues that threaten to change the way we are able to deliver care to our patients. Our greatest opportunity to meet the challenges of these issues effectively is to remain as a united force through organized dentistry. The ADA, in leading the way, must have strong, dedicated and experienced members in leadership to meet these challenges.

I wish to be an ADA officer because I desire to be part of the leadership of the ADA that meets these challenges. I have the experience, the energy and a strong desire to continue working in an openly transparent manner with our colleagues toward advancing our goals to improve and strengthen our tripartite and protect the abilities of our profession to continue to deliver the finest quality of dental care in the world.

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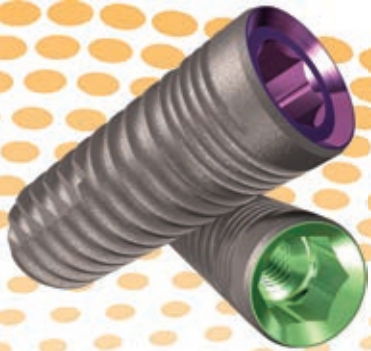


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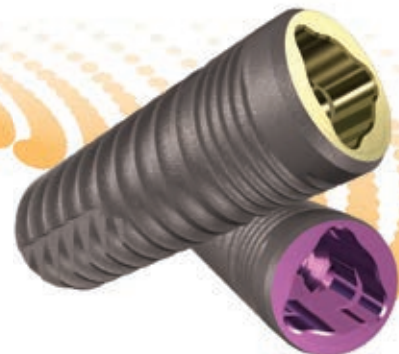
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²US list price for Tapered Screw-Vent with micro grooves, healing collar & straight abutment

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— Michael C. Ditolla, DDS, FAGD



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Burdette Dental Lab Inc.	Birmingham	AL	800-624-5301	Dodd Dental Laboratories	New Castle	DE	800-441-9005
Mobile Dental Design, Inc.**	Mobile	AL	251-634-2445	Carlos Ceramics Dental Lab	Miami	FL	305-661-0260
Oral Arts Dental Laboratories, Inc.	Huntsville	AL	800-354-2075	DigiTech Dental Restorations	Doral	FL	888-336-1301
Parkway Dental Lab	Opelika	AL	800-239-3512	Fox Dental Laboratory	Tampa	FL	800-282-9054
Scrimshire Dental Studio	Huntsville	AL	800-633-2912	Knight Dental Group	Oldsmar	FL	800-359-2043
Walker Dental Laboratory, Inc.	Decatur	AL	800-727-0705	TLC Dental Laboratory	Orlando	FL	800-262-2547
Green Dental Laboratories, Inc.	Heber Springs	AR	800-247-1365	New Image Dental Laboratory**	Morrow	GA	800-233-6785
Continental Dental Laboratory	Phoenix	AZ	800-695-0155	Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
Dentek Dental Laboratory, Inc.	Scottsdale	AZ	877-433-6835	Ridge Craft Dental Laboratory	Lagrange	GA	800-516-0281
DW Dental Laboratory	Phoenix	AZ	602-973-2166	The Lab 2000, Inc.	Columbus	GA	800-239-3947
Lafayette Dental Lab	Phoenix	AZ	800-996-9482	Eclipse Dental	Waterloo	IA	319-232-6020
Lakeview Dental Ceramics	Lake Havasu City	AZ	928-855-3388	Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
New West Dental Ceramics**	Lake Havasu City	AZ	800-321-1614	AOC Dental	Hayden	ID	800-729-1593
A & M Dental Laboratories	Santa Ana	CA	800-487-8051	Accudent Dental Laboratory	Lansing	IL	800-895-3565
Advanced Dental Technology	Chula Vista	CA	619-656-9422	Artistic Dental Studio, Inc.	Bolingbrook	IL	800-505-0412
Atlas Dental	Gardena	CA	866-517-2233	Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
BDL Prosthetics**	Irvine	CA	800-411-9723	Dental Arts Lincolnshire	Lincolnshire	IL	800-779-5089
Beverly Hills Dental Studio	Beverly Hills	CA	800-215-5544	Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Bigler Dental Ceramics	Tustin	CA	714-832-9251	Prosthotech	Sugar Grove	IL	630-466-8333
Continental Dental Laboratories	Torrance	CA	800-443-8048	Quad City Dental Laboratory Inc.	Moline	IL	888-797-5707
Creative Porcelain	Oakland	CA	800-470-4085	Rockert Dental Studio	Wheaton	IL	800-665-1401
Crowns R Us	Brea	CA	562-694-8670	Vitality Dental Arts	Arlington Heights	IL	800-399-0705
DentalLab.com	North Hollywood	CA	877-437-4647	Ito & Koby Dental Studio	Indianapolis	IN	800-288-6684
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482	Lumident, Inc.	Indianapolis	IN	866-586-4336
G & H Dental Arts, Inc.	Torrance	CA	800-548-3384	Myron's Dental Laboratory	Kansas City	KS	800-359-7111
Glidewell Laboratories**	Newport Beach	CA	800-854-7256	Keller Dental Laboratory	Louisville	KY	800-292-1894
Great Smile Dental Lab	Northridge	CA	877-773-8815	Crown Dental Studio	Shreveport	LA	800-551-8157
Ikon Dental Design	San Leandro	CA	510-430-9659	Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Iverson Dental Laboratories	Riverside	CA	800-334-2057	Arcari Dental Lab	Wakefield	MA	781-213-3434
Mr. Crown Dental Studio	Santa Ana	CA	800-515-6926	Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Nash Dental Lab, Inc.	Temecula	CA	877-528-2522	Eliason Dental Lab	Portland	ME	800-498-7881
NEO Milling Center	Cerritos	CA	562-404-4048	Apex Dental Milling	Ann Arbor	MI	866-755-4236
Nichols Dental Lab	Glendale	CA	800-936-8552	Artistic Dental Lab	Allen Park	MI	800-437-3261
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442	D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
PCS Dental Lab	Foster City	CA	650-349-1085	Davison Dental Lab	Flint	MI	800-340-6971
Perfect Smile Dental Ceramics, Inc.	San Diego	CA	877-729-5282	Dental Art Laboratories	Lansing	MI	800-444-3744
Polaris Dental Laboratory	Anaheim	CA	866-937-1563	Olson Dental Laboratory	Clinton Township	MI	800-482-3166
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Riverside Dental Ceramics**	Riverside	CA	800-321-9943	Xcel Dental Studio	Flint	MI	810-733-0909
Robertson Dental Lab	Lompoc	CA	800-585-3111	Excel Dental Studios Inc.	Minneapolis	MN	800-328-2568
San Ramon Dental Lab	San Ramon	CA	800-834-4522	Harrison Dental Studio	West St. Paul	MN	800-899-3264
So Cal Dental Lab	Colton	CA	909-633-6462	Saber Dental Studio	Brooklyn Center	MN	800-264-3903
WORLD LAB U.S.A.	Irvine	CA	800-975-3522	Thoele Dental Laboratory	Waite Park	MN	800-899-1115
Gnathodontics, Ltd.	Lakewood	CO	800-234-9515	Trchsel Dental Studio**	Rochester	MN	800-831-2362

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To view the full report, visit www.bruxzir.com

Authorized BruxZir Laboratories

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Webster Dental Laboratory	St. Paul	MN	800-621-3350
Womson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Becker Dental Lab, Inc.	Herculanem	MO	800-963-6691
Keller Laboratories, Inc.**	Fenton	MO	800-325-3056
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Midwest Dental Laboratory	St. Louis	MO	800-325-8011
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
Western Dental Arts	Billings	MT	406-652-1652
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
Natural Ceramics Inc.	Fayetteville	NC	910-425-8296
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
Core 3D Centres, LLP	Las Vegas	NV	888-750-9204
Digital Dental Studio	Henderson	NV	702-992-4055
Las Vegas Dental Studio	Las Vegas	NV	800-455-1598
Las Vegas Digital Dental Solutions**	Las Vegas	NV	800-936-1848
Creo Dental	New York	NY	212-302-3860
Elegant Dental Laboratories	Brooklyn	NY	877-335-5221
MobileTek Dental Labs	New York	NY	917-747-7519
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
AccuTech Dental Lab	Reynoldsburg	OH	614-751-9888
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Northwest Ceramics Inc.	Columbus	OH	614-451-9597
ROE Dental Laboratory	Garfield Heights	OH	216-663-2233
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
Marty Hall Dental Lab	Broken Arrow	OK	866-207-0858
Applegate Dental Ceramics	Medford	OR	541-772-7729
Albensi Laboratories	Irwin	PA	800-734-3064
DeLux Dental Laboratory	Reading	PA	800-541-5642
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
Maverick Dental Laboratories	Export	PA	866-294-7444
Newtech Dental Laboratories	Lansdale	PA	866-635-5227
Thayer Dental Laboratory	Mechanicsburg	PA	800-382-1240
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Bauer Dental Studio	Mitchell	SD	800-952-3334
Dental Prosthetics Lab	Clarksville	TN	931-647-2917

LABORATORY	CITY	STATE	PHONE
Peterman Dental Laboratory	Nashville	TN	800-476-1670
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Fostering leaders at ADA's 26th New Dentist Conference

BY CRAIG PALMER

Washington—Nothing should stop you from delivering your message, the keynote speaker said in opening the ADA 26th New Dentist Conference. It was then that the lights went out in the Presidential Ballroom of the Capital Hilton.

That didn't stop communications specialist Bill Graham, and it didn't discourage his dental audience, most of them ADA member dentists, from continuing a leadership dialogue in semi-darkness attributed by hotel staff to a local power outage. When the lights came back

on, the speaker took the opportunity to wrap it up, having talked his way gamely through it, and a rapt audience moved on to a networking break, having stuck with Mr. Graham without defection.

Committed they were, more than 250 registrants for "a monumental experience" in the nation's capital June 22-24, and courted, too, by ADA leadership, the ADA New Dentist Committee, "your voice and your advocate within the ADA," and 15 sponsoring groups and organizations, many of them exhibiting during the conference. Some 60 percent of the

registrants identified as ADA member dentists, others including nonmember dentists, students and dental society staff.

Dr. William Calnon, ADA president, invited their engagement in professional leadership by way of engaging



Dr. Ruskin



Speaking out: Dr. Andrew Zucker, a member of the Ohio Dental Association's Subcouncil on New Dentists, voices an opinion at the Hot Topics Session with ADA Leaders June 21.

the Association's leaders. "Get to know us. Ask us those questions you have. Take advantage of the opportunity you have to network with the officers and trustees who are here. And don't be surprised if they respond with a question, how would you do it?"

"Fostering leaders is a big part of what the ADA New Dentist Committee does," said Dr.

Arkansas new dentist's documentary debuts at film festival. See story online at ADA.org/news/7456.aspx.

Danielle Ruskin, committee chair. "Together, we're strengthening the voice of the new dentist within organized dentistry and building our pool of leaders. You may sometimes hear that it's important to involve new dentists because 'you are the future.' We prefer to say 'We are the now.'"

"Whether you've been practicing for just a few years, or for more than a decade, dentistry is a dynamic, evolving profession," Dr. Robert Faiella, ADA president-elect, told the audience of new and young dentists. "The ADA needs you for your leadership, your critical thinking and your commitment for the future."

The invitation extended and accepted with vigor at a "hot topics session with ADA leaders," the new dentists engaged Association officers and trustees on midlevel provider policy, educational debt, the future of dentistry and the road to professional leadership. What would you do to foster new leadership, one questioner asked. "Get involved," the officers and trustees responded, citing early experiences on local roads to professional leadership. "Be part of the solution. Don't be part of the problem. Do your homework."

The conference provided an array of practice- and leadership-oriented courses offering up to 13 hours of continuing education credits and a half dozen leadership courses not for credit.

Conference sponsors include ADA Insurance Plans, ADPAC (American Dental Political Action Committee) and Wells Fargo Practice Finance (platinum); Quintessence Publishing Co. Inc. (gold); ADA Members Retirement Programs—AXA Equitable Life Insurance Co., Aspen Dental, Maryland State Dental Association, Pacific Dental Services, Patterson Dental, Ultra Light Optics and Yodle Dental Marketing (silver); and ADA Business Resources, Dentaltown, Heartland Dental Care and Medical Professional Liability Agency (general). ■

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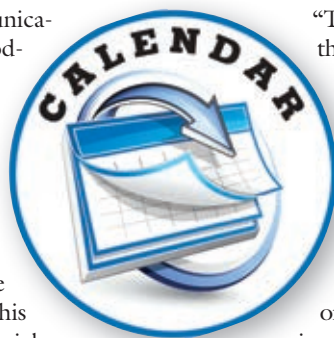
Sept. 6-9 is the 8th annual Dental Office Managers Conference

Scottsdale, Ariz—Improving practice productivity and profitability may get a little easier with the help of the American Association of Dental Office Managers, who will meet this year from Sept. 6-8 at the Westin Kierland Resort here.

Supporting dental business professionals in career development and networking opportunities, AADOM is offering a lineup of courses designed to increase the business acumen of any dental practice. The program will cover education specific to efficient and successful management of the dental office in areas

including marketing, communication, technology, insurance coding and leadership.

A pre-conference meeting of the 5th Annual Dental Spouse Business Network will convene Sept. 5. Created to address the specific needs and challenges of professionals whose spouses are the dentists in the practice, this event has filled a need for a niche group of dental office managers.



“This meeting is the highlight of the year,” said AADOM president Heather Colicchio, who added that she is looking forward to the opportunity to see returning members and welcome new ones. At the ADA Council on Dental Practice meeting in June, she gave a presentation on the organization’s goal of helping dental business professionals achieve their highest level of professional development.

Social events will offer participants an opportunity to mix business with pleasure. Face-to-face access to dental consultants and notable speakers is planned. Motivational management expert Judy Kay Mausolf will give the keynote presentation. Although members of the entire dental team may attend, courses will be most interesting to dental office managers, dental spouses and dentists, the AADOM said.

For more information or to register, call 1-732-842-9977 or visit www.dentalmanagers.com; or email info@dentalmanagers.com. Registration details and course specifics for the DSBN are available at www.dentalmanagers.com/dental-spouse-business-network-dsbn.

The AADOM is an organization of professional office managers; practice administrators; patient coordinators; insurance and financial coordinators; and treatment coordinators of general and specialized dental practices. ■



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Dr. Nanette Tertel
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Survey

Continued from Page 1



The report uses data from the survey’s oral health supplement to provide prevalence estimates of oral health status; oral health status compared with others the same age; length of time since last dental visit; mouth problems, including bad breath, dry mouth, difficulty eating or chewing, jaw pain and mouth sores; tooth problems, including toothache or sensitive teeth, stained or discolored teeth, broken or missing teeth, crooked teeth, bleeding gums, broken or missing fillings and loose teeth not due to injury; reasons for not seeing a dentist for mouth or tooth problems, and unmet dental need due to cost for adults aged 18-64 living in households throughout the United States.

Interviewers questioned more than 17,000 men and women.

In the report, oral health is defined as health of the mouth and teeth, and oral health status is based on the sample adult’s self-assessment of the condition of his or her mouth and teeth. No clinical measurements were taken. An individual’s reported oral health status may differ from a dental professional’s evaluation of oral health status.

The report includes these “selected highlights” on oral health status:

- among adults aged 18-64, about three-quarters had very good or good oral health, 17 percent had fair oral health and 7 percent had poor oral health;
- non-Hispanic white (37 percent) and non-Hispanic Asian (37 percent) adults were more likely than Hispanic (25 percent) or non-Hispanic black adults (26 percent) to have very good oral health;
- adults with Medicaid (19 percent) were almost five times as likely as adults with private health insurance (4 percent) to have poor oral health.

The National Health Interview Survey is a multistage probability sample survey conducted annually for the CDC National Center for Health Statistics and is representative of the civilian noninstitutionalized population of the United States.

For more findings from the survey, visit ada.org/news/7338.aspx. ■

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Reports

Continued from Page 1

modeling of the Dental Health Aide Therapists who provide care in Alaska Native territories; dental therapists currently working in Minnesota; and the proposed but as yet unrealized Advanced Dental Hygiene Practitioner. The studies examine practice parameters in five states where adopting one or more of these models has been under discussion in the legislature or the public health community—Connecticut, Kansas, Maine, New Hampshire and Washington.

Performed by ECG Management Consultants, an agency with extensive experience in research and policy issues, the studies modeled 45 different scenarios based on a comparison between estimated revenues and estimated expenses for each of the three providers under three payer mixes. ECG produced separate reports for the five states and a five-state summary report.

“These studies represent a new way of examining whether alternative workforce models are an economically viable way to improve access to dental care for underserved populations,” said ADA President William R. Calnon.

“The studies are a first step, and not the last word. But certainly, lawmakers and public health authorities should consider the factors examined in the studies carefully before rushing to create dental providers that may be unable to fulfill their intended purpose of reducing oral health disparities,” he said.

ECG based its modeling on the length and cost of training of each midlevel position, operating costs, likely salaries, academic debt and projected revenues. Researchers considered each model in the context of various combinations of public, sliding scale and private fee schedules (fee schedules varied by state).

Of the 45 scenarios modeled (three payer mixes for each of three practice models in five states), only five indicated positive net revenues, ranging from \$8,000 in Kansas to \$38,000 in Connecticut, assuming a 50/50 mix of public and private fees. Four positive net revenue scenarios involved the Dental Health Aide Therapist model; one involved the dental therapist model. The other 40 scenarios showed net losses ranging from \$1,000 for a DHAT operating on a 50 public/50 private mix in Washington to \$176,000 for an ADHP practicing in the same state, assuming a 75/25 public/sliding revenue mix.

“Certainly, this research is not all-encompassing. But to our knowledge, no one has considered the question this comprehensively,” said Dr. Calnon. “The ADA encourages all stakeholders to study these models comprehensively, to avoid wasting constrained resources on programs that ultimately are not sustainable. We welcome others who are interested in breaking down barriers to oral

health to join us in delving further into how best to maximize limited available resources and advocating for increased resources to improve the oral health of the tens of millions of Americans—including as many as one-quarter of the nation’s children—who live without adequate access to regular dental care.”

In a July 24 conference call with constituent society leaders, Dr. Calnon called the studies “a starting point for more research and more discussion.

“It is critical to understand that oral health disparities are a complex set of problems requiring an integrated set of solutions,” he said. “Medicaid reforms, community water fluoridation, oral health education and helping people overcome cultural, geographic

and language barriers are critical components of this. The ADA believes that allowing non-dentists to perform irreversible surgical procedures is the wrong way to go. And based on these studies, midlevel dental providers would in most settings be unable to generate sufficient revenue to sustain themselves absent a continual source of financial underwriting.

“Given the current budget constraints at every level of government, and the already insufficient financing for dental care in most states, these three workforce models do not appear to be viable.”

The ADA study results are a departure from the 2010 Pew Center on the States economic analysis of midlevel providers that found they

could dramatically increase revenues of dental practices in which they work and the number of Medicaid patients receiving treatment in those practices. The ADA’s study did not model private practice settings, because in most cases midlevel providers are being proposed to provide care to indigent or low-income patients, many of whom are not eligible for Medicaid, in public health settings. The ADA also performed a detailed analysis of Pew’s report and found it to be based on unrealistic assumptions, which led to erroneous conclusions (ADA.org/sections/advocacy/pdfs/follow-up-ada-study-to-pew-report.pdf.).

Read the Summary Report and individual state reports online at ADA.org/advocacy.aspx. ■

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Review

Continued from Page 1

will likely require dentists to add this technology to their office, the August edition of the Review provides very timely information for making purchasing decisions.

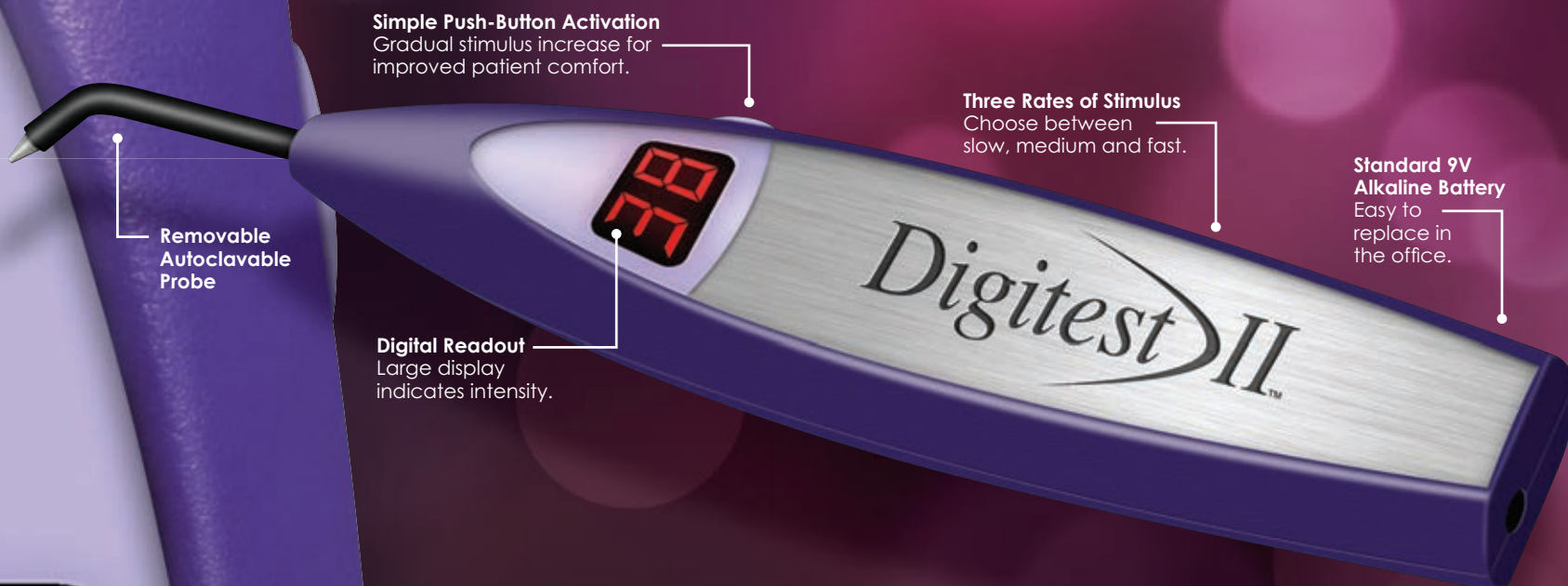
Previously a quarterly printed publication distributed with JADA, the Review transitioned to an online quarterly publication in April with an executive summary published in JADA. The August issue is the second that is fully online. Visit www.ada.org/ppr to access the Review. ■

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The Digitest II is the next generation in battery-powered, handheld pulp vitality testers. It is a significant upgrade to Parkell's popular original Digitest device. While the Digitest II incorporates all of the best features of the original Digitest, the new device features a durable case that fits comfortably in your hand while you operate the unit. Its single button functionality lets you pre-select the rate of stimulus and easily perform pulp testing without contorted hand positions.

No Need to Hurt the Patient:

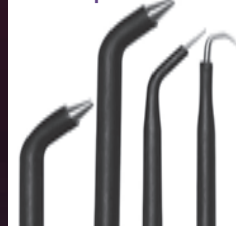
Many older pulp testers utilize waveforms to stimulate the pulp that can lead to a painful pulpal response. As the stimulus increases, the patient can suddenly feel an unpleasant "jolt". Considering that many patients undergoing pulp testing are emergency patients, the last thing you want is to be remembered as "the dentist who hurt me when I came in for my emergency treatment".

When the button is pressed on the Digitest II, the device's microprocessor produces a gentle, pulsed waveform, that automatically increases in strength, repeating several times per second. This progressive stimulus produces a pulpal response well below the patient's pain threshold. The result is an accurate reading you can rely on, and a comfortable patient who now relies on you for pain-free dental care.

A Vitality Tester With a Brain:

The Digitest II microprocessor doesn't just control the stimulus. Each time you activate the device, the brain of the unit performs a self-test, assuring you that the battery, the display and the entire electronic system is functioning correctly, and that the test will be accurate and reproducible. After the test, the LED display stays illuminated for a full 14 seconds so you'll have plenty of time to view and record the reading. And, since the Digitest II incorporates special circuitry to

Includes 4 Autoclavable Probe Tips!



From left to right: short, long, precision labial, precision lingual.

automatically shut the unit off after testing, battery life should be significantly longer.

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