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Salivary diagnostics supplement in October A special supplement to The Journal of the American Dental Associa-

tion on salivary diagnostics will be published in October and mailed



with JADA. Authors include: • Dr. Robert J. Genco, guest

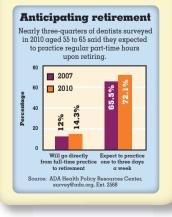
editor of the supplement; • Dr. William V. Giannobile on salivary diagnostics for

periodontal disease; • Paul L.A.M. Corstjens, Ph.D., William R. Abrams, Ph.D., and Daniel Malamud, Ph.D., on salivary diagnos-

tics in detection of viruses; • Dr. David T.W. Wong examines the current status of saliva-based innovation and its application to the detection of oral and systemic diseases.

This supplement was made possible through an educational grant from OralDNA Labs in Brentwood, Tenn.

### **JUST THE FACTS**



# **Rep. Gosar wins primary election** ADPAC active in congressional primaries

### **BY CRAIG PALMER**

Prescott, Ariz.-Dentist/Rep. Paul Gosar, R-Ariz., buoyed by ADPAC support, won a contested primary race for the Republican nomination in Arizona's new 4th congressional district and probable re-election to a second term in Congress. He and Rep. Mike Simpson, R-Idaho, are the two dentists in the U.S. House of Representatives.

In addition to independent ex-

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penditures in Arizona CD4, AD-PAC reported independent expenditures on behalf of Rep. Simpson, who easily won his primary bid to continue representing Idaho CD2. ADPAC also supported two other

dentists running for GOP House nominations. Both came in second in crowded primary races: Dr. Scott Keadle, who lost in a North

Carolina CD8 pri- Rep. Gosar mary runoff, and Dr. Fred Costello, Florida CD6. Arizona's three-candidate pri-

mary "tightened significantly" in

July when a conservative advocacy group, the Club for Growth, "began a significant Independent Expenditure campaign on behalf of (state Sen. Ron) Gould, attacking Gosar in a series of television ads costing approximately \$600,000," ADPAC said in a Primary Update reporting that "Rep. Paul Gosar (R-AZ) Wins!"

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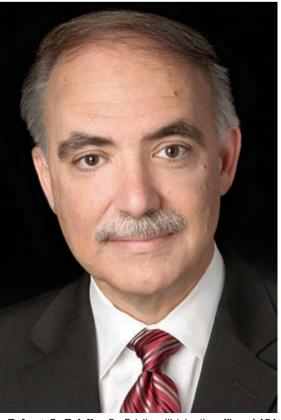
A conversation with the president-elect

# Moving the profession forward Dr. Faiella emphasizes ADA strategic goals, with focus on membership value, advocacy

r. Robert A. Faiella, a young associate in a Boston periodontal practice, saw an opportunity one day in 1987 and proceeded, as he says, to do everything the wrong way.

"I found a town that I thought was really nice. I thought I'd like to live there some day, but I knew I couldn't afford it. But if I did live there, I thought I would like to work there, too."

On a visit to Duxbury, Mass., the young periodontist spotted a building he liked, and walked in as a man was exiting to empty some trash. Dr. Faiella quizzed him on how he liked the building and discovered he was a podiatrist that



Dr. Robert A. Faiella: Dr. Faiella will take the office of ADA president Oct. 23 before the House of Delegates in San Francisco. was moving offices and his was now available. "He said he loved the building but was consolidating to one location with his son and didn't want two offices. He invited me in, and I realized the layout would be ideal as a dental office."

The moment felt right, and Dr. Faiella went immediately to the management office and put \$200 down to save the space-just in time. The next day, other tenants were upset they had missed the chance to rent the space. "The building manager called and said I had to let him know for sure that I would take it because others wanted the space. I thought if the space was in demand, and there was no vacancy in the building, it just might be a good thing."

The office is still his today, located in Duxbury off a major highway between Boston and Cape Cod. "I figured the location was good, and decided-at that spontaneous moment-to open a practice. I did not investigate the demographics; I did no market research; I had no idea how many dentists or specialists were in the area. I didn't even think about where I would find the money. I just rented the space and started talking to banks and equipment suppliers, and over the course of six months I started to build a practice. When you are young, you figure you can always move somewhere else if it doesn't work out.'

It's not an approach he recommends to new dentists today, but it worked for him in the economic and

# Montana dentist retires after 65-year career

#### **BY KAREN FOX**

*Miles City, Mont.*—Dr. Arlo D. Nansel has called it a day after 65 years of dental practice, and the Montana Dental Association says he's the longest practicing dentist in the state's history.

He joins an ever-increasing fraternity of

dentists who have held membership in the ADA for 65 consecutive years. In the history of tripartite record-keeping, about 1,600 dentists have accomplished the feat.

Dr. Nansel, 88, opened his practice in Miles City in 1947. Throughout his career, he also served as president of the Montana Board of Dental Examiners and on the state board of health.

"Generations of Montana dentists appreciate Dr. Nansel's wonderful dedication to his profession," said David Hemion, Montana Dental Association executive director. "As the longest practicing dentist in Montana's his-



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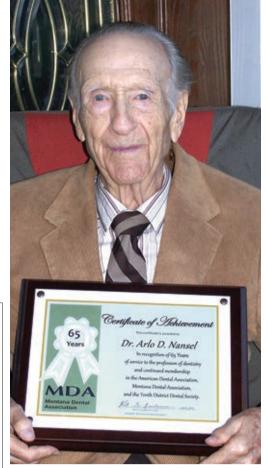
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**Dr. Nansel:** The MDA presented him with a plaque in honor of his years of service.

tory, his record of patient care and service to the state of Montana on the dental board and board of health are an inspiration to all."

"I thought it probably was time," said Dr. Nansel from his home only a few miles from the Flying N Ranch where his family raises cattle and award-winning Quarter and Appaloosa show horses.

He closed his practice June 30, having spent all 65 years in the same building. He started out upstairs with an older dentist who eventually sold the practice to Dr. Nansel, who then moved it downstairs. "I dismantled everything and sold my equipment and supplies and closed the doors," said Dr. Nansel. There are five dentists in Miles City but he said it's difficult to attract practice buyers. Mr. Hemion said that the demand for dentists in Miles City could grow in the future as it serves as a supply center for the Bakken oil field in North Dakota and Montana.

For now, Dr. Nansel is content to walk away knowing he spent a lifetime providing exceptional care to the people of Miles City. What will he miss the most? "The patients. That's the toughest part." By the end, he was treating the third generations of some families.

Among his fondest memories are the early days, when the railroads brought patients into Miles City—located in southeastern Montana—from North and South Dakota, Wyoming, eastern and southern Montana. "They came in on the train in the morning and stayed all day. We had a lot of patients. Then the railroad transportation closed to passengers."

Still doing full-time work until the day he closed up shop, Dr. Nansel attributed his longevity to having good health and starting young. He was 24 when he began his practice in 1947 after graduating from the University of Southern California School of Dentistry, where he says he "was fortunate to get accepted and get a good education at a good school." He gives additional credit to his dental team. "Without the assistants, it would have been a lot tougher to stay around. And I had many years of continuous dental hygiene help from my two daughters."

Signing off, Dr. Nansel said: "I feel fortunate that even though I'm leaving, I'm leaving it in good hands. I would ask the dentists here remaining to take good care of the people."



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### 'Stop Zombie Mouth' campaign heats up

### **BY KAREN FOX**

The zombies are here!

Just in time for Halloween, the ADA's "Stop Zombie Mouth" campaign is in full swing with members already placing orders for trading cards to distribute in October.

The Association is partnering with PopCap Games, makers of the popular "Plants vs. Zombies" video game, for the campaign to improve oral health habits among children and their families. For many, "Stop Zombie Mouth" offers a fun Halloween-time promotion that serves as an alternative to sugary snacks. The New York State

Dental Association requested 200 kits for statewide events

"As a pediatric dentist, I am always looking for new ways to educate children about the importance of good oral hygiene," said Dr. Mary Hayes, an ADA consumer advisor. "This collaboration with PopCap for Halloween allows us a unique way to share tips for improved oral health, including the importance of a balanced diet."

"Stop Zombie Mouth" kits-free to ADA members-include trading cards with tips to keep teeth healthy and redemption codes for a free Plants vs. Zombies game download.

The cards are inspired by the game's "fundead" characters and others developed for the campaign called the "Putrid Posse."

There are 50 sets of cards in a box along with a poster and tent card for office display. The kits are free for members but the ADA is charging a nominal shipping fee. Downloadable coupons are also available from www.stopzombiemouth. com.

Those attending Annual Session in San Francisco can look for the zombies in the ADA Welcome Center, Oct. 18-20 from 10:30 a.m.-1:30 p.m., and at the Oct. 18 Exhibit Hall Wine-Tasting Reception from 4:30-6 p.m. Have your picture taken performing a mock oral screening on a zombie in a dental chair, play a game of Plants vs. Zombies or pick up a "Stop Zombie Mouth" kit to take home.

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# **Advocacy: Your** critical role



v home state of Missouri has been "swing state" in presidential elections for the past century. This means that, in an election year, Missourians can't escape the onslaught of campaign ads from all political parties. I'm a fan of American history, and presidential campaigns have provided some very memorable slogans over the years like "Tippecanoe and Tyler too," "I like Ike," "A chicken in every pot and a car in every garage," "Don't swap horses in mid-James C. Kulild, D.D.S., stream" and "Happy days are here again." They're clever, but they really didn't mean much or have any objective significance.

M.S.

What strikes me in an election year is how easy it is to focus on catchy slogans and ads and forget that the real work of government is going on every single day in Washington, D.C., as well as all the state capitals. That's where the rubber hits the road and where legislation that impacts the lives of ordinary Americans is introduced, debated and voted on-most of the time without any of us knowing about it unless it was splashed in the print or visual media.

It is easy to think that legislators and lobbyists are the cogs that turn the wheels of government-and that's true in many cases. However, there is also important work performed by ordinary citizens—voters who make the effort to be heard on issues they care about and take action on them, instead of just complaining and blaming their future on someone else. Legislators are ultimately responsible to voters who can "fire" them by voting them out of office. The Supreme Court recently reaffirmed that principle by stating that, even though the so-called Affordable Care Act was ruled constitutional in the most part, there was nothing to stop voters from electing officials who

### ..... States have a huge impact on health care, including licensure of midlevel providers and scope of practice.

#### would rescind it.

In dentistry, the ADA is the lead voice in Washington, D.C. On any given day, ADA staff are tracking and responding to dozens of legislative and regulatory developments that may impact dentists. When Congress is in session, it's like a nonstop game of Whac-A-Mole for those folks, as they try to whack down efforts that are negative for dentists and negative for the patients for whom we are responsible. And unlike the view of some courts, it's not about infringement of trade; it's about ensuring quality care for the unsuspecting patient who is being operated on by someone who learned his "skill" at a weekend course. As I write this, ADA staff is working overtime on legislative strategies to exclude dental devices from a new medical device tax before Congress adjourns

The American Association of Endodontists supports ADA advocacy in

See MY VIEW, Page 5

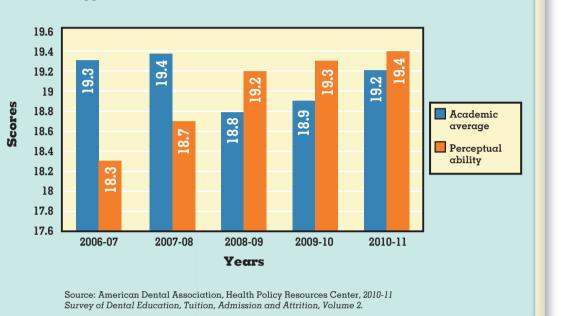
### **LETTERSPolicy**

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

#### SNAPSHOTS OF AMERICAN DENTISTRY

### **Academic qualifications**

The academic average scores on the Dental Admission Test increased slightly from 2006-07 to 2007-08 but dropped between 2007-08 and 2008-09.





### Large group practice

read, with some amusement, the article on ADA's efforts to target dentists in the ever-growing corporate practice model-what I like to call "McDentist" ("Tripartite Makes Membership Valuable to Large Group Practices," Aug. 20 ADA News).

I saw McDentist nearly 30 years ago in "progressive" bastions like California. I'm a University of Southern California grad ('84) and my first job was in a mostly Medi-Cal clinic in Indio, Calif. At least it was a great learning experience and allowed me to plunge into the real world.

But McDentist came two years later when I took my Florida boards and was waiting for the results. One of my pals was a manager at a corporate practice and got me a temporary stint covering for his vacationing docs. I appreciate to this day his help, and it was an eye opener.

A new patient was screened by the manager/doctor and the treatment plan was written down, along with a Post-it note that read "do all." That meant do whatever work you could in one very long, grueling appointment, if possible. Apparently things like periodontal improvement or endodontic pathology could be magically eradicated in one "do all" visit.

Needless to say, this young Trojan was appalled and did my best to work a happy medium with as many patients as I could. Since I was subbing, I was rarely practicing more than a week clinic. in any given



ings, it hasn't changed a whole lot.

So, if the ADA wants to make some courses for this burgeoning bracket, let me suggest some titles: (1) "How to find out if your of-

fice is owned by a nondentist."

(2) "Five easy steps to transi-

tioning to a three-tiered profession: Proper dental treatment, Midleveldontics & McDentist."

(3) "At what age do you decide if you went to dental school to be self-employed or make money for others?"

I hope these help.

Carlos A. Sanchez, D.D.S. Coral Gables, Fla.

### A better model?

he article "Park Dental is a Group Effort by Dentists" (Aug. 20 ADA News) brings up a very critical distinction in the ongoing efforts to consolidate dentistry. The reality is that the single practitioner model is much less efficient than a group model and the public prefers the convenience and credibility of groups.

Despite some claims of solo practitioners about the quality of care in groups, it only makes sense that a dentist will try to do his/ her best quality work when they know that colleagues will be seeing their work in the same practice. It is undeniable that there has been tremendous growth in the percentage of dentists working in groups over the last two decades.

However, the point well taken



### Continued from Page 4

a number of wavs. In the past two years, the AAE has stood shoulder to shoulder with the ADA in successful efforts to exempt dentists from the so-called Red Flag Rule and to repeal a provision in the 2010 health reform law that required a business to issue an IRS form to any individual or corporation from whom they purchased more than \$600 of goods or services in a tax year. These provisions would have added major administrative burdens to all dental practices.

However, the most important way we support the ADA's work in Washington is by encouraging AAE members to get involved by supporting the American Dental Political Action Committee and joining the ADA's Action E-list so their voices can be heard. Visit capwiz. com/dental/mlm/signup to sign up for the E-list and get alerts.

I can personally attest that it makes a difference. I am registered for the E-list, and my profile reflects that I spent most of my career in the U.S. Army Dental Corps. In April, I received an alert that both the Senate and House versions of the 2012 National Defense Authorization Act contained language that reduced the rank of Army, Navy and Air Force chief dental officers from Major General (two star) to Brigadier General (one star) as a cost-cutting measure. In a couple clicks of the mouse, I was able to email my federal representatives to explain why passing this provision would be very bad for the future success of the members of the Dental Corps in each of the three uniformed services. I was also able to coordinate our actions with those of many retired Corps chiefs, who were also collectively working the same issue-teamwork from all sides.

That April email alert was just one component of the aggressive advocacy on this issue. The ADA coordinated its e-alert with nursing organizations, because the provision also impacted the rank of the Nurse Corps chiefs in all three services. Members of Congress received many emails and calls on the issue.

Then, in May, dentists attending the ADA's Washington Leadership Conference were message-bearers, personally delivering letters to their representatives. The House Armed Services Committee completed its mark-up of the NDAA shortly after and removed the provision, and the Senate Armed Services Committee is expected to do the same. A number of AAE members participated in these efforts on behalf of their districts. I encourage AAE members who are interested in seeing the political process "close up" to attend the 2013 WLC.

I understand that we all have tremendous personal and professional demands on our time these days. But even the busiest AAE member can spare the minute or so it takes to send an e-alert. The ADA has made it easy for you to be heard. And gone are the days when we could just practice in our towns and cities and presume that everything will turn out all right, either because someone else was minding the store in organized dentistry, or there were no external pressures on dentistry that could cause any real harm to the profession.

I strongly encourage AAE members to stay informed about what's happening in your state legislature through your state dental association and local dental society. States have a huge impact on health care, including licensure of midlevel providers and scope of practice. State dental associations take the lead in developing legislative strategies based on the local political realities, with support from the ADA.

Here's an example of how this can work. For the past two legislative sessions, the Washington State Dental Association has successfully defeated proposed midlevel provider legisla-

tion. The ADA State Public Affairs Program provided support, and there was significant participation by the Washington State Association of Endodontists, supported by the AAE. Because of this coordinated effort, the number of dentists (including WSAE members) attending a hearing on the bill significantly outnumbered hygienists who were present. Showing up makes a big impact on legislators-numbers at these events represent voters as well as subject matter experts.

The AAE has a new Advocacy Web page at www.aae.org/advocacy (available only to AAE members) that provides concise information on the many different ways AAE (through its members) impacts policy. We also have a Special Committee on Advocacy that is evaluating

our current advocacy program and will make recommendations on inevitable improvement and enhancements in the way we do business in this area.

### Showing up makes a big impact on legislatorsnumbers at these events represent voters as well as subject matter experts.

But remember that all the work of AAE, ADA and state dental society staff is "toothless" without the constant informed voices of dentists who influence the process in a variety of different ways. In the wise words of a brigade commander I once worked for, "Jim, hope is not a plan." Those words ring so very true in this arena. We can't "hope" our way to success any more than we could hope that the boogevman wasn't in our closets by pulling the blanket up over our heads. So, please stay informed, get involved and coordinate your efforts with those of others through the ADA Action E-list. There is strength in truth and there is also strength in numbers-add your name to those on the team!

Dr. Kulild is the president of the American Association of Endodontists. His comments, reprinted here with permission, originally appeared in the September issue of the Journal of Endodontics.

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# Letters

Continued from Page 4

is that an investment bank is in business to make money and a dental practice is in business to provide oral health services. There are many large groups in the country that are owned and controlled by dentists. There are more and more groups being acquired by investment banks to facilitate growth. Not all bank-owned groups are unprofessional and not all dentist-owned groups are beyond reproach. There are certainly efforts from nondentist political entities and state boards to effectively protect the public.

I would love to see organized dentistry's state and national organizations work toward this end as well. Nobody can truly evaluate the quality of a dental practice better than a dentist.

I have personally been involved with the building of multiple, multispecialty groups over the last 30 years. Our group is a partnership of dentists with one partner practicing in each of 27 locations. We require tripartite ADA membership of all of our partners. The model we use has proven to be successful for our doctors and our patients. We have steadily grown in all ways and continue to do so. Our ethical quest to find a better way to deliver dental services to the public has been recognized by a renowned dental school that has made me

It is important that these efforts in the consolidation of dentistry are beneficial to the public or dentistry may become a trade rather than the noble profession it is.

the director of their practice management courses.

I firmly believe that a better model will

develop out of the trial and error process we are observing. Groups such as the Dental Group Practice Association are endeavoring to do just that by uniting many of these large groups (both dentist-owned and investment banker-owned) into a professional association to build bridges with organized dentistry and dental schools. It is important that these efforts in the consolidation of dentistry are beneficial to the public or dentistry may become a trade rather than the noble profession it is.

Samuel Shames, D.M.D. Managing Member Gentle Dental Partners Waltham, Mass.

### **Close the Library?**

**T**or all intents and purposes, the ADA Library is closing. In a July 16 article in the ADA News, it was announced that the ADA Board of Trustees recommends a bold plan for growth and strength and that the 2013 budget proposal reflects four strategic goals (briefly: members, public health, collaboration, financial). The closing of the ADA Library was not mentioned. However, guided by a software program (Decision Lens) that calculates return on investment, return on objective, and alignment with the Strategic Plan, it was decided that our ADA Library is not worth maintaining. The Library's budget proposed for 2013 has quietly been cut by 60 percent and the Library will be downsized, transitioned and transformed into a limited information service in order to save just 0.6 percent of the ADA's total budget.

At the same time, it is proposed that members will have a \$30/year dues increase to improve our cash flow surplus and a \$50/ member Capital Improvement Fund special assessment for two years, partly earmarked for "tenant improvements to secure longterm leases," i.e., to remodel the Library space to rent it out to someone else. Similar money-oriented analyses and "stinkin" thinkin" led other entities to close the Schools of Dentistry at Northwestern and Loyola, among others. Now we're doing it to ourselves.

In our revised library, there will be no books as they will be dispersed to places unknown. Book loans will be a thing of the past. Online dental library books will never happen because the licensing costs are prohibitive. Our revised library will not allow members to visit, so we will not have access to the journals collection. This includes the library's online journal subscriptions because they can only be accessed from within the library. Subscriptions to some journals may need to be canceled. Library support of evidence-based dentistry searches and reviews is uncertain. There is no plan for an online "dental professional library of the future."

What community doesn't invest in a library for the common good? What library has no books? What community closes their main library mostly to save money on librarian salaries? The ADA is not wallowing in red ink. This is not happening because we cannot afford our library. What are they thinking?

We think there is a very strong obligation for the dental profession to maintain a central repository of dental scholarship. If the ADA doesn't do it, then who will? The ADA Library was established as a member benefit in 1927 and has always been open and available to the entire profession and the public. Physicians have access to hospital or academic medical libraries and attorneys use the law library of their firm, legal



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# Letters

### Continued from Page 6

society or court system. Most dentists do not have a low-cost, comprehensive resource outside of the ADA Library.

There is comfort knowing we have this world-class professional library and it is available to us when we need it. The Library is used regularly by researchers, academicians, article and book authors, ADA members and nonmembers in other health fields and the public, in the U.S. and abroad. They also service requests from councils and departments within the ADA. If we don't act, then starting in January 2013 there will be only five staff members doing the job of 13. We will no longer have a library ... just a limited information service.

The Library supports the stated objective of the ADA: "to improve the health of the public and to promote the art and science of dentistry." We believe the Library is in alignment with the first three of the ADA goals in its Strategic Plan. We suppose the only thing the analysis software and pencil-pushers find hard to accept is that our professional library doesn't bring in enough money. What library does? Our library should not be assessed by its dollar costs vs. revenue data. Libraries are investments whose value is in its collection of books, journals and the services provided. Our ADA Library is currently regarded as the

### There is comfort knowing we have this world-class professional library and it is available to us when we need it.

best, most complete resource for dental professionals in the country, and no doubt, in the world. We believe it is an invaluable and irreplaceable resource, regardless of what the Decision Lens software analysis process says. We

**PHILIPS** 

sonicare

sense and simplicity

believe this is a big mistake and the Library is the victim of "garbage in, garbage out." We believe "money can be too costly when we try to save it at the expense of a valued institution."

We believe that our ADA Library serves a vitally important function and brings prestige to our profession and our professional organization. To cut it down and out is unconscionable.

The Illinois State Dental Society passed a resolution in its House of Delegates stating support for keeping our Library and the ADA 8th District delegation will work to restore the Library's budget. We urge you to tell your ADA delegates that you want the ADA to restore the 2013 Library budget to the 2012 level. Tell them you support the notion that the ADA should always keep a well-maintained and professionally staffed library of historical and up-to-date books and journals as a world-class resource for the dental profession, with full access by its members and the public.

We hope the ADA Board and the House of Delegates consider the needs, desires and expectations of the dental profession and the public over the advice of a software program when they consider the 2013 ADA budget in October.

> Spencer Bloom, D.D.S. Chet Klos, D.D.S. Paul Landman, D.D.S Jeff Kramer, D.D.S. Janet Kuhn, D.D.S. Joy Poskozim, D.D.S. Kirk Kollmann, D.M.D. Harvey Mahler, D.D.S. Marvin Berman, D.D.S. Trucia Drummond, D.D.S. Mary Starsiak, D.D.S. Barb Mousel, D.D.S. Caroline Scholtz, D.D.S. Robert Hessberger, D.D.S. Neal Nealis, D.D.S. Lawrence Zager, D.D.S. Chicago

> > Jay Blackburn, D.D.S. New Buffalo, Mich.

Kaz Zymantis, D.D.S. Naperville, Ill.

Victoria Ursitti, D.M.D. Arlington Heights, Ill.

> Dan Uditsky, D.D.S. Schaumburg, Ill.

Mary Licking, D.D.S. Chestnut Hill, Mass.

> Fred Peck, D.D.S. Cincinnati

Lynn Carlisle, D.D.S. Carbondale, Colo.

> Tim Tishler, D.D.S. Sister Bay, Wis.

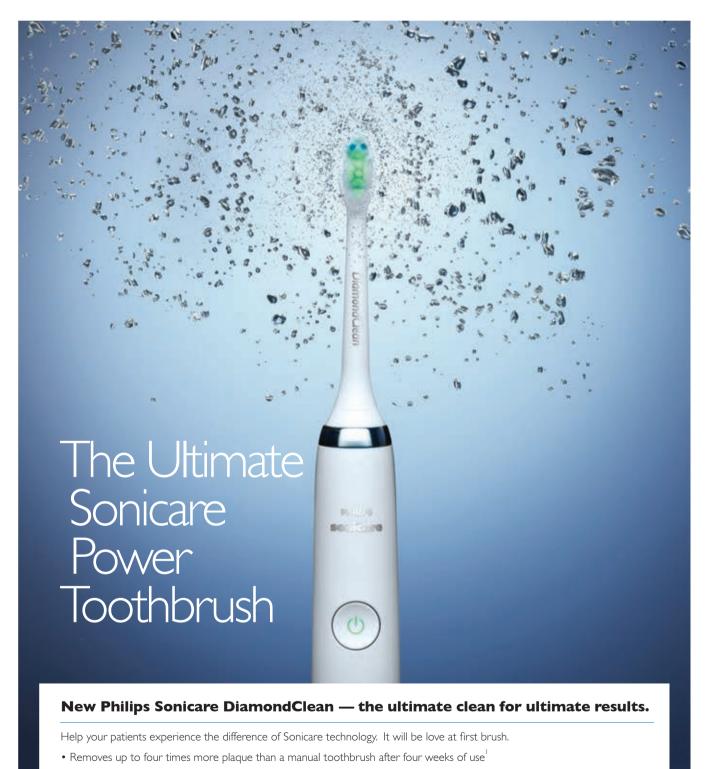
Clifford Prince, D.D.S. Skokie, Ill.

Andrew Browar, D.D.S. Hinsdale, Ill.

Lou Imburgia, D.D.S. Michael Biasiello, D.D.S. Park Ridge, Ill.

John Kaminski, D.D.S. Des Plaines, Ill.

Editor's note: For more information, see "Association Clarifies Status of ADA Library" on Page 9.



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. Mileman K, Milleman J, Putt M, et al. Comparison of gingivitis reduction and plaque removal by Sonicare Diamond-Jean and a manual toothbrush. Data on file, 2011. 2. Colgan P, DeLaurenti M, Johnson M, Jenkins W, Strate J. Evaluation if stain removal by Philips Sonicare DiamondClean power toothbrush and manual toothbrushes. Data on file, 2010.

# **Association clarifies status of ADA Library**

In response to recent discussions on the ADA Library, the ADA issued the following statement:

The American Dental Association Library will continue to be a leading resource for oral health information. The ADA Library at its Headquarters in Chicago is available to ADA members as well as ADA staff and others in the dental and health professions.

Services available through the ADA Library will essentially remain the same through the end of 2012. This includes: sending journal articles either in PDF format or in print as well as use of the archived materials. Library staff will still be available to respond to a variety of inquiries by phone and email.

Should the House of Delegates approve the ADA's proposed 2013 budget at its meeting in October, there would be some changes to the Library that will take place over stages in 2013. Library services would be narrowed in scope in 2013 to those services that are most used and most impactful. Last year, less than one percent of members used the Library's services.

We are still determining the manner in which core services will be offered. As the method of research and library use continues to evolve, so too must the ADA in order to provide relevant services to ADA members and profession.

There is a growing trend from medical and other associations for online catalogs in place of hard copy materials. In fact, the Northwestern Medical School is currently in the process of transferring materials to an off-site location. Other associations offer library use only for their employees, such as the American Medical Association.

The ADA is determining what digital services we may be able to offer or enhance to meet growing technological preferences while serving a greater geographic region of our members. Last year the House of Delegates added a budget line item for the Cochrane Library as a separate budget item from the library.

Under this proposal, walk-in services, in-

### Still time to sign up for pre-session course for minimal, moderate sedation providers

If you're planning to take the course Recognize and Manage Complications During Minimal and Moderate Sedation offered prior to the ADA Annual Session in San Francisco, register soon.

Part 2 of the course takes place two times: Wednesday, Oct. 17, from 7 a.m.-noon (course 4110) and from 1-6 p.m. (course 4111).

Participants are required to complete a didactic portion, Part 1, on ADA CE Online (www.adaceonline.org) before attending Part 2. They will need to bring a copy of their verification letter to Part 2, the hands-on portion.

The course is for all dentists who provide adult local anesthesia, minimal sedation and/or moderate enteral sedation.

To register for the course, go to ADA. org/session. For information about the course, visit ada.org/news/7522.aspx.

cluding library loans of materials, would be discontinued. The ADA administration will explore potential partnerships with regional medical libraries that may be willing to house some the ADA's book collection.

There are currently no plans for repurposing the library space within the ADA building. The Board considered the cost and the value of all ADA programs as part of the budget process and ranked programs in terms of alignment with the ADA Strategic Plan in order to best allocate financial resources. After a thorough assessment and ranking of all pro-

As the method of research and library use continues to evolve, so too must the ADA in order to provide relevant services to ADA members and profession.

grams of the ADA, some aspects of library use

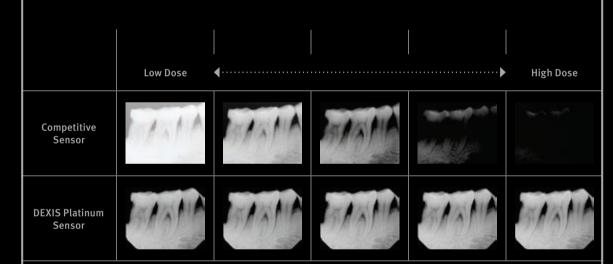
were determined to be of lower widespread usage and the Board agreed it was prudent to sunset those in 2013.

A final decision will be made by the ADA's House of Delegates in October. No decision is final until this meeting.

The ADA Library staff has always received high praise for their wonderful service to the members, staff and the public, and this will continue. While the method of service delivery will change, access to leading oral health information will remain.

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### GOVERNMENT

# **Phoenix, Portland and Milwaukee** city councils opt for fluoridation

#### **BY STACIE CROZIER**

Phoenix-A Phoenix City Council subcommittee Sept. 11 affirmed the policy of fluoridating the drinking water of the city's 1.4 million residents.

The Transportation and Infrastructure Subcommittee heard some two hours of testimony from pro- and antifluoridation advocates before deciding not to vote on the issue or send it to the full city council. "The members of the city council

should be applauded for making their decision based on the best science," said Dr.

Gary Jones of Mesa, Ariz., president of the Arizona Dental Association. "Now the thousands and thousands of citizens of the city of Phoenix will continue to receive this valuable public health benefit."

Dr. Donald Altman, AzDA member and Phoenix public health dentist, told the subcommittee that more than "3,000 studies on community water fluoridation have shown that it is a safe, cost-effective and healthy way to prevent dental decay in children and adults."

Other experts who addressed the subcommittee in support of fluoridation included Will Humble, director of the Arizona Department of Health Services: Dr. Howard Pollick, clinical professor at the University of California San Francisco, consultant to the National Fluoridation Advisory Committee and an ADA spokesperson on fluoridation; and Dr. Jack Dillenberg, dean of the Arizona School of Dentistry and Oral Health in Mesa.

According to article posted on the Arizona Republic News website Sept. 11, Councilwoman Thelda Williams

### **Primary**

#### Continued from Page 1

"An initial benchmark poll commissioned by ADPAC to assess the race in late July after the CFG campaign had enough time to register with voters found a tied race with Gosar and Gould both with 33 percent support," the Primary Update said. "As ADPAC independent expenditure efforts began over the final two and a half weeks of the Gosar campaign, ADPAC commissioned a second poll to capture a snapshot of the situation. Rep. Gosar and state Sen. Gould each had significant bases of support in separate counties within the district.

"The results were stunning," the Primary Update said in an unusually detailed disclosure of ADPAC campaign activity. The poll found Rep. Gosar's support increasing while Sen. Gould's remained stable.

"With that information, the ADPAC IE effort was targeted not in the two large counties where voters had already made their decisions, but instead in the other counties in the remainder of the district," the Primary Update said. "When combined with efforts of the Gosar campaign, the strategic decision made by the ADPAC IE Committee to focus on the outlying counties paid huge dividends."

In the Aug. 28 primary, Rep. Gosar won 51 percent of the vote, Sen. Gould 32 percent and radio-station owner Rick Murphy 17 percent. ADPAC independent expenditures supported two and a half weeks of radio ads and four mailers in support of Rep. Gosar, the ADPAC Primary Update said.

The Wall Street Journal reported Aug. 25, "The dentists' trade group is in a battle with the Club for Growth, the smallgovernment, pro-business group, over a House seat representing Arizona. They are sparring in a GOP primary over a seat currently held by a dentist. The dentists come well-armed," the WSJ said. "The American Dental Association is one of the most influential trade lobbies and has one of the top-spending health care PACs."

After his primary win, Rep. Gosar told the ADA News, "As a dentist and not a professional politician, I came to Congress and did what any dentist would-I asked the people 'where does it hurt and how can I help?' I then got to work to solve the problems. I was labeled the hardest working and most effective freshman congressman and have no doubt my 25 years as a dentist prepared me for the job. The people recognized, in spite



said the medical community provided sufficient evidence to show that adding fluoride to water has a public health benefit.

"I just feel very strongly that I think what we're doing is the right thing to do," Ms. Williams said. "I think public health is the responsibility of government."

At press time, the ADA News learned that the Portland, Ore., city council voted 5-0 Sept. 12 to fluoridate the city's water supply.

The city council directed that the Portland Water Bureau "devise and imple-

ment a program to fluoridate the City of Portland's public drinking water supply to the optimal levels beneficial to reduce tooth decay and promote good oral health as recommended by the Centers for Disease Control and Prevention or the Oregon Health Authority."

The ordinance calls for Portland to offer fluoridated water to some 900,000 residents in the city and surrounding communities by March 1, 2013. Portland is currently the second largest unfluoridated city in the U.S.

On Sept. 6, more than 200 people addressed the Portland City Council during a six-hour public hearing on the initiation of fluoridation.

In the Midwest, the Milwaukee Common Council voted July 24 to continue fluoridating the city's water supply but to lower its fluoride level to 0.7 milligrams per liter, matching the U.S. Department of Health and Human Services new proposed fluoride level. For more details, visit ada.org/ news/7455.aspx.

-croziers@ada.org

### **Election notes**

r. Alan B. Coleman has been elected mayor pro tem of Beaumont, Texas. Dr. Coleman, who has practiced general dentistry in Beaumont for 29 years, is serving his third term as the Ward 1 Council member. He founded the 501(c)(3) nonprofit Southeast Texas Hands for God Ministry, which has traveled within the United States and abroad to provide free dental care to those in need. Dr. Coleman has served on numerous charitable boards. He and his wife in 2011 were honored as "Family of the Year" by Family Services of Southeast Texas and he is a recipient of the American Institute for Public Service Jefferson Award.

ark Moores, executive director of the New Mexico Dental Association, won the three-person Republican primary for the state senate district 21 "seat that was once occupied by my predecessor as (NMDA) executive director" and will square off against the Democratic incumbent in the Nov. 6 general election. If elected, he plans to continue as NMDA executive director. The legislature is composed of a 70-member House of Representatives and a 42-member Senate. Members are unpaid but receive a daily living allowance for each day of official legislative work.

of negative deceitful attack ads against me, that I have served the people of Arizona well and have focused on the issues everyone is concerned about-our economy, our health care system and getting the government out of the way of small business owners."

Dr. Gosar practiced in Flagstaff for 25 years before his 2010 election to Congress. He currently represents Arizona CD1. The new seven-county CD4, which covers most of western Arizona, is predominantly Republican.

The Federal Election Commission defines independent expenditure to mean "an expenditure by a person for a communication expressly advocating the election or defeat of a clearly identified candidate that is not made with the cooperation or prior consent of, in consultation with, or at the request or suggestion of, a candidate or an agent or authorized committee of a candidate or a political party committee or its agents."



# **New HRSA resources focus on** oral health during pregnancy

ADA part of collaborative effort to offer guidance to health professionals and pregnant women

### **BY STACIE CROZIER**

When is the best time for an expectant mother to receive preventive, diagnostic and restorative dental care?

The correct answer is any time; according to a consensus statement released Sept. 11.

The new consensus statement on the safety and importance of oral health care and education for pregnant women is a summary of an expert workgroup meeting convened last year by the Health Resources and Services Administration in collaboration with the ADA and the American College of Obstetricians and Gynecologists.

Oral Health Care During Pregnancy: A National Consensus Statement-Summary of an Expert Workgroup Meeting, summarizes guidance gathered at the Oct. 18, 2011 meeting.

"This consensus statement lets everyone know that dental care is safe and important throughout pregnancy," said Dr. Rocky Napier, a pediatric dentist in Aiken, S.C.

Dr. Napier was an expert participant for the workgroup meeting and is a member of the ADA Council on Access, Prevention and Interprofessional Relations.

"The document is very concise, but it is filled with a lot of good information for health care professionals in all fields as well as for dental professionals and for pregnant women. And it contains some useful tip sheets, including a one-page summary of pharmacological considerations for pregnant women and a two-page guide that health professionals can give to pregnant women with information on how to maintain their oral health and how to take care of the new baby's oral health as well."

The 24-page document can be viewed or downloaded in PDF format at www. mchoralhealth.org by clicking on the Consensus Statement link. The website also offers some additional promotional tools-an announcement, a handout for pregnant women, talking points, a presentation, cover image and web badges-for professionals working in states and communities planning, developing and implementing perinatal oral health programs.

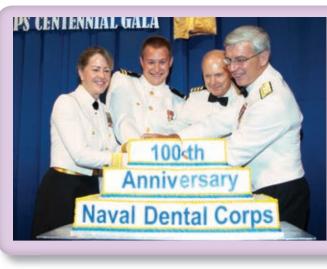
Dr. Napier was one of 29 expert panelists from a wide cross-section of national health organizations who contributed to the consensus statement.

"I'm really excited about this document," Dr. Napier added. "It was amazing to sit down with this diverse group and learn how close we were on all of the issues. Getting expectant mothers off to a good start with their oral health is a critical part of helping them give their babies a good start with their oral health. We hope that getting everyone involved together on the same page-from expectant mothers to dentists, physicians and other health professionals-will make a big difference in communities nationwide."

The OHRC also released another resource, Improving the Oral Health of Pregnant Women and Young Children: Opportunities for Policymakers. This issue brief, developed by the National Maternal and Child Oral Health Policy Center in collaboration with the Association of Maternal and Child Health Programs, Association of State and Territorial Dental Directors, March of Dimes and the Washington Dental Service Foundation, explores the evidence base for perinatal oral health care, the use of oral health care services, liability and policy options for improving access to and coverage of oral heath services. The brief is available at http://nmcohpc.net/2012/improving-oralhealth-pregnant-women.

The resources were developed with support from the Maternal and Child Health Bureau, HRSA.

–croziers@ada.org



Happy Birthday: Rear Adm. Elaine C. Wagner, 36th chief Navy Dental Corps (left); Lt. Grant Reschenthaler, general practice resident Walter Reed National Military Medical Center; Capt. Thomas Spradlin, Navy Medical Clinic Quantico, Va.; and Rear Adm. Bruce A. Doll celebrate the 100th anniversary of Navy dentistrv.

Photo by Sean Brennan, Renaissance Digital Imaging



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• The ADA Regulatory Compliance Manual and CD-ROM and Update Service (S696B) covers bloodborne pathogens, hazard communication, waste management and other regulatory issues;

• The OSHA Training for Dental Professional DVD and Workbook (P889) illustrates OSHA regulations and compliance

procedures; • The ADA Practical Guide

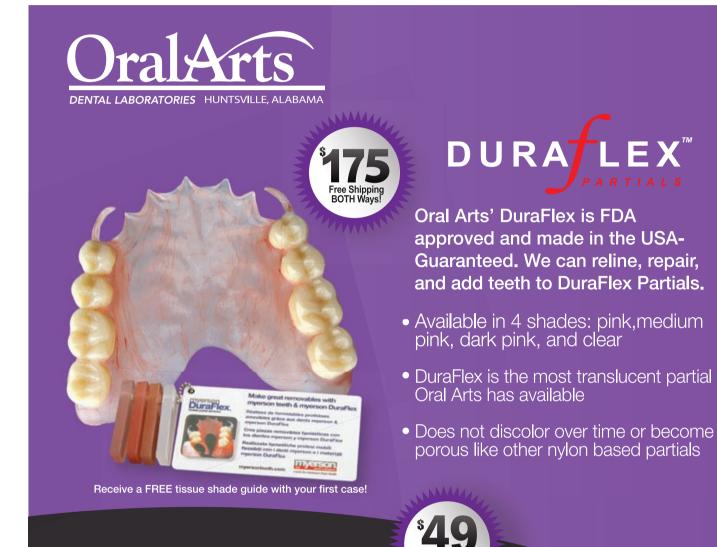
to HIPAA Training CD-ROM (P596) fits general HIPAA training sessions into busy dental practices.

The full HIPAA and OSHA Compliance Kit (K017) can be purchased at a 15 percent discount campaign code 12222 until Oct. 31. The kit is \$575

with

for members and \$862.50 for nonmembers

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2012 Member Value and **Loyalty Survey** 

### Reply by Nov. 1 for chance to win \$500 American Express gift card

The ADA wants to learn more about members' tripartite membership experience.

A large-scale study is under way that customizes questions for most constituent dental associations. Invitations to participate in the survey were sent via email and mail to a number of member dentists. Those responding by Nov. 1 will be entered to win one of two \$500 American Express gift cards.

The survey's goals are to measure tripartite member value and loyalty within a number of areas, including general product/service benefits, advocacy, print/electronic publications, websites, public communications, scientific issues and resources, and the quality of service provided to members. Many constituent dental societies took advantage of the opportunity to customize the survey received by their members.

Participation is voluntary, but responses are extremely important. If you have received a survey invitation, please take a few minutes to help us learn more about your membership experience.

### **ADEA receives grant** to increase diversity at dental schools

Washington-The American Dental Education Association is expanding its efforts to improve diversity among dental students and faculty.

The W.K. Kellogg Foundation awarded a \$200,000 grant to ADEA's Minority Dental Faculty Development program, ADEA announced Aug. 3.

That follows a \$2.4 million grant that initially funded the MDFD program and created a network of 11 universities and organizations that sought to increase diversity in students and faculty while developing leadership in new faculty.

This year's funding will extend support to dental hygiene programs at the University of Detroit Mercy and Howard University to support recruitment and leadership training within dental hygiene.

"There is a critical need to increase diversity in the dental team," said Dr. Jeanne C. Sinkford, senior scholar in residence at ADEA. "The beauty of this program lies not only in its impact upon individuals, but also in its promotion of the kind of institutional growth that fosters a sustained commitment to faculty diversity. We hope that the models developed as a result will be replicated at other schools on an international scale."



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\*with twice daily brushing Ref 1: Data on file GSK 2011

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# **Forged emails from spammers continue**

#### **BY KAREN FOX**

Several times this year, ADA members and others in the dental community have reported receiving spam email that appears to come from the ADA.

The ADA continues to examine samples of these emails and has no reason to suspect the source was the Association. The ADA does not sell, rent or publish in any way the email addresses of current or former member dentists in the database. Legitimate emails from the ADA are distributed in one of the standard ADA email formats, as members are accustomed to receiving.

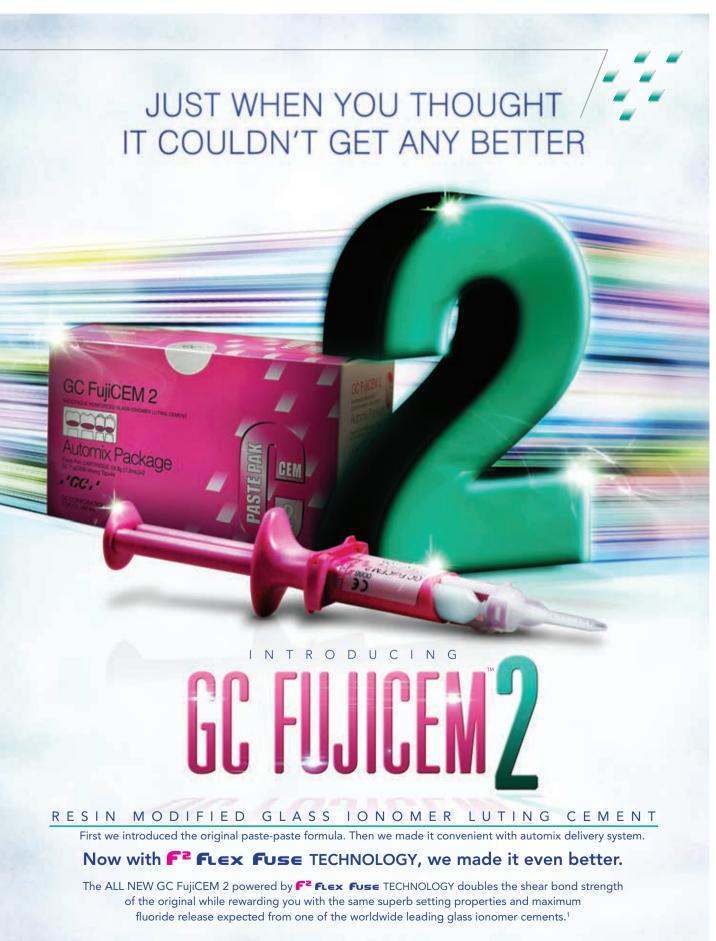
1 The Dental Advisor - Research Report #42. GC internal data on file



Spam: The email received by some ADA members.

The messages are an attempt by spammers to trick the recipients into going to a non-ADA website and entering their email addresses and passwords or other personal information. Members reported receiving the messages that offer a link to "secure account log-in" information in July and August. An example appears at left.

The emails appear to be the same, though ADA staff in the Division of Information Technology advise members that scammers are always looking for new ways to get their targets to give up their personal information,





800.323.7063 www.gcamerica.com www.gcamerica.com/training © 2012 GC America Inc. so be on guard when opening email.

Recipients of such messages are advised against accessing the link. Doing so could result in an attempt to infect the target's computer with a virus or to trick individuals into providing personal information.

The safest action is to delete this spam message when received. Dentists are also advised to alert their dental team about these messages. For more information, contact the ADA Member Service Center at 1-312-440-2500.

Spammers have many ways to obtain email addresses. The ADA's publicly available online membership directory ADA Find-a-Dentist does not provide email addresses. The ADA's members-only Member Directory will display email addresses for those members who have explicitly approved it. In addition to the members-only password, the ADA has deployed two technologies that monitor and prevent abuse of the Member Directory feature.

But there are other ways that dentists' email addresses could be accessed.

"Typically, an email spammer buys a list of email addresses from a list broker, who compiles it by 'harvesting' addresses from the Internet. If your email address appears in a newsgroup posting, on a website, in a chat room, or in an online service's membership directory, it may find its way onto these lists," says the Federal Trade Commission on its Web page devoted to helping consumers reduce spam email.

One way ADA members can decrease the risk of spammers finding them is by not publishing their email addresses on their websites. Instead, use an email form that allows people to send email without seeing your email address.

The FTC recommends additional ways to reduce the amount of spam received. Visit www. ftc.gov/bcp/edu/pubs/consumer/tech/tec02. shtm for advice on spam and how to avoid scams.

Finally, send a copy of unwanted or deceptive messages to spam@uce.gov. The FTC uses the unsolicited emails stored in its database to pursue law enforcement actions against people who send deceptive spam email.

### **Computer security** threats in focus

*Gaithersburg, Md.*—Regardless of the security and protection a dental office has on its computer system, it can still be vulnerable to threats and attacks.

But hopefully, if that ever happens, dentists can be prepared. The National Institute of Standards and Technology has published the final version of Computer Security Incident Handling Guide for managing computer security incidents.

"This revised version encourages incident teams to think of the attack in three ways," said Tim Grance, co-author. "One is by method—what's happening and what needs to be fixed. Another is to consider an attack's impact by measuring how long the system was down, what type of information was stolen and what resources are required to recover from the incident. Finally, share information and coordination methods to help your team and others handle major incidents." The guide includes a handful of

# SBA loan helps dentists expand access

### **BY STACIE CROZIER**

Wausau, Wis .- Despite a tough economy, pediatric dentists Drs. Thomas Turner, Corey Brimacombe, Carl Hash and Joshua Spiegl are able to treat more underserved children in



Talking tooth: Character from First Impressions video

rural north central Wisconsin and to employ more people in several communities thanks to a Small Business Administration 504 loan.

The SBA honored the dentists of First Impressions Pediatric Dentistry & Orthodontics May 21 in Washington and they were named the 2012 Wisconsin Small Business Persons of the Year in June.

"We are honoring their achievements and spirit of entrepreneurship, innovation and determination," said SBA Administrator Karen Mills. "It is this spirit that continues to drive economic recovery, economic growth and job creation."

"The SBA loan gave us the financial flexibility to expand in spite of a tough economy," said Dr. Turner. "We believed we could expand to other rural communities where

# **Security**

### Continued from Page 14

scenarios that detail various breaches and ways to prepare for or handle them. While geared toward large government agencies or corporations, a number of recommendations can be helpful to small business owners, including dentists. Much of the information can be applied to what dentists need to do to comply with the Health Insurance Portability and Accountability Act Privacy, Security and Breach Notification Rules.

HIPAA does not require medical providers to comply with each one of the recommendations of this guide but the document may be helpful with ongoing security planning. Complete and up-to-date information about these topics can be obtained from The ADA Practical Guide to HIPAA Compliance: Privacy and Security Kit (J594; manual, CD-ROM and update service through 2013) by visiting adacatalog.org or by calling 1-800-947-4746.

The NIST Computer Security Incident Handling Guide can be found at www.nist.gov/customcf/get\_pdf. cfm?pub\_id=911736.

children lacked specialty dental care. The SBA 504 loan allowed us to spread the loan out."

First Impressions celebrated the receipt of its SBA loan by entering the agency's video contest. A two-minute video now posted on YouTube features an endearing talking tooth character that explains First Impressions' mission to the communities it serves and how the SBA loan made it possible for the practice to expand. Log on to youtube.com and search with the key words First Impressions pediatric dentistry.

According to SBA 504 guidelines, the four

owners contributed 10 percent of expansion costs, their bank loaned them another 50 percent and they received the remaining 40 percent from an SBA Certified Development Company.

"As a result we were able to build three new clinics, hire two more doctors, six hygienists, four assistants and three administrative staff," Dr. Turner said. "Our practice has grown to serve 15 counties."

First Impressions opened in 1992 in Wausau and has expanded to offices in Weston, Stevens Point, Rhinelander, Medford and Shawano. It currently employs 73 people, including nine dentists.

First Impressions also has a Toothmobile that travels to 15 counties offering patients dental screenings and access to care. "The Toothmobile also encourages a dental home model for preventive services with families and community leaders," Dr. Turner said.

"From the beginning, First Impressions' mission was dedicated to making sure low-income families receive the same level of respect and treatment as other patients," Dr. Turner added. "Our practice is a good example of what a dental team can do when its values, heart and business sense come together."

For more information on First Impressions, visit www.fidkids.com. For more information on SBA loans, visit www.sba.gov.

—croziers@ada.org



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### There's still time.

There's still time to make or finalize your plans to attend the 2012 ADA Annual Session in San Francisco! Online registration will stay open through the dates of the meeting for your convenience. If you've already registered, now is the time to finalize your CE course selections before they sell out. Although 50% of lecture courses are FREE, seating is limited and course registration is required.

Register for your CE courses today at ADA.org/session.

# Unable to attend? Experience the Annual Session online.

Starting Thursday, Oct. 18, ADA365 offers live streaming events from the 2012 Annual Session in San Francisco.

ADA**365** 

Visit ADA365, the online extension of the Annual Session! Online participants can experience the live-patient Education in the Round courses\*, and will be able to ask questions of the speakers using a live chat as the video streams live. You can also view the Open Clinical and Science Forums\*, the Opening General Session and a variety of online-only elements such as the New Dentist roundtable conversation.

### Access to ADA365 is free!

**Dentists:** Visit **ADA.org/ADA365** and log in using your ADA member number and the password ADA365.

Non-dentists: Visit ADA.org/ADA365 and click on the non-dentist login link.

\*Content available to dentists only.

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### **New Dentist Reception**

Don't miss this exclusive event just for new dentists and dental students!

Friday, Oct. 19, 5:30-7 p.m.

ROE Restaurant Tickets: \$15; Purchase your ticket online when you register for Annual Session. Must be 21 to attend.

This unique opportunity is provided by the generous support of Wells Fargo Practice Finance.

### **Explore San Francisco!**

To learn more about what you can see and do in San Francisco while attending the Annual Session, visit **ADA.org/session**.



### **YOUR HEALTH**

# Get up! Move your body!

# American Academy of Orthopaedic Surgeons encourages public to get up and get active

n an effort to promote mobility and daily exercise, the American Academy of Orthopaedic Surgeons is urging the public to get active with their Get Up! Get Out! Get Moving! campaign.

"When activities and healthy lifestyle choices are incorporated into daily living, staying active becomes second nature," said orthopedic surgeon and AAOS spokesperson John Purvis, M.D. "It can be as simple as making a list of fun, active things that you like to do. Then begin to make those things a part of everyday living. It is important to reach out to kids, because the younger people start moving, the more likely they are to continue that lifestyle into adulthood."

According to the Centers for Disease Control and Prevention, more than 12.5 million children in the U.S. are obese. Obesity can affect a person's mental, emotional, social and physical health. Physical activities help to combat these issues.

For example, weight-bearing activities cause bones to build more cells and become stronger. Without weight-bearing exercise, bone health is threatened, but individuals who are active everyday build strong bones for life.

The Academy is partnering with the Pediatric Orthopaedic Society of North America to educate and empower people to get moving with television and print public service announcements.

The 60-second television ad "Sedentary," (which can be viewed at www.youtube. comwatch?v=UntdGA7gH3Q), humorously depicts all of the things that a child can do without moving. It is a light and memorable take to help raise awareness on the serious subject of obesity.

Jump start your mission to move by following some of the Academy's mobility tips.

### Tips for kids:

• Plan to be active as much as possible and make physical activity part of your daily routine.

• Playing is exercising too, so play tag with friends, swim or go bike riding. Use your imagination to come up with ways to have fun and get exercise at the same time.

### **Tips for parents:**

• Be a role model. Join children for a bike ride, a ball game or a long walk.

• Use physical activity as a reward. Plan a family trip to the park.

• Make exercise part of everyone's daily routine. Chores such as raking leaves, painting or walking the dog are great ways to increase physical activity.

• Schedule physical activity. Think about planning activities in 10- to 15-minute blocks of time throughout the day.

• Make it easy to be active. Plan indoor areas for physical activity.

• Make it fun to be active. Select toys and gifts that promote physical activity.

• Exercise can be fun! Put the emphasis on fun rather than on winning.

To learn more about Get Up! Get Out! Get Moving!, visit OrthoInfo.org. • -Source: American Academy of Orthopaedic Surgeons

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# Oral surgeon/guitarist finds harmony in Medical Musical Group

### BY STACIE CROZIER

*Louisville, Ky.*—Dr. Richard Pape, an oral surgeon and amateur guitarist in Louisville, Ky., joined the Medical Musical Group in 2010 for the opportunity to play with an orchestra.

"It's a great group. A diverse group of dentists, physicians, nurses, physician assistants, physical therapists and other health professionals and their family members—lots of really good people," said Dr. Pape. "An amateur musician doesn't often have the opportunity to play with an orchestra so joining seemed like an interesting new experience."

Dr. Pape played in the Veteran's Day con-

certs in 2010 and 2011 and also traveled to Paris in 2010 to play a concert and to spend some time sightseeing with his wife, Dr. Selena Pape, who is also a dentist. This fall's MMG performances are set for Nov. 2 at the First Baptist Church of Orlando (Fla.) and Nov. 6 at Toronto's Church on the Queensway. MMG musicians and vocalists can also tour Toronto and Montreal Nov. 2-12.

"I was given the opportunity to play Rodrigo's 'Concierto de Aranjuez' for guitar with the orchestra in 2011," he said. "That was a wonderful experience."

Dr. Pape said studying and performing mu-

sic helps him fine tune his attention to detail, his work ethic and his discipline—skills that are also necessary in his dental practice.

Dental professionals interested in joining should be able to read music and have some ensemble playing experience, "but you don't have to be a virtuoso. And those who have sung in a community or church choir might be interested in joining the MMG's large choral group."

For more details on the group and its upcoming concerts and travel plans, call 1-202-797-0700, log on to www.medicalmusical. org or email vanmmg@hotmail.com.

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**Fine tuning:** A guitarist for more than 20 years, Dr. Richard Pape said developing an interest in classical guitar led him to join the Medical Musical Group.

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### **Volunteers honored**

n August, the ADA Committee on International Programs and Development awarded the Certificate for International Volunteer Service to dentists and dental students who spent at least 14 days performing dental services in a foreign country. Recipients were nominated by their state or local dental society, federal dental services or dental school. A total of 73 ADA member volunteers from 24 states and the United Kingdom were honored.

The committee is accepting nominations for its 2013 awards. State and local dental societies, the federal dental services and dental schools can nominate any dentist or student who has spent at least 14 days in a 24-month period performing dental services in a foreign country. The deadline for submission is April 1, 2013.

For more information, log on to www. ada.org/1473.aspx or contact the ADA Division of Global Affairs, Ext. 2726 or international@ada.org. ■

James Aichlmayr Mark Albers Peter Auster Eugenio Beltran Charles Bloomer Henry Chalfin Gayle Cheatwood Anthony Ciccariello Sarah Coutts (S) John Dominici Michael Faktor Abe Finton C. Dale Fisher Dominic Michael Gioffre, Jr. Kimberly Gise Ernest Goodson Gregory Guyman Harry Harcsztark Byron Henry Don Hite Martin Hobdell Gary Horn Dave Jones C. Neil Kay Lester Kempler John Kerwin Thomas Laboe Steve Lebo Margaret Lee Jack Levine John Lev Richard Litchfield Thomas Littlefield Dana Lubet Aidain McKinlay (S) Robert Meyer Christine Min James Moody Alexander William Nally

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(S) = Dental Student Nominee



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**New class:** The 2012-13 members of the ADA Institute for Diversity in Leadership attended their first session at ADA Headquarters Sept. 6-7. Students interacted with the 2011-12 Institute class and educators from Northwestern University's Kellogg School of Management and took the first steps toward completing their self-selected personal leadership projects. New class members are, from left, Drs. Maria Maranga, Northport, N.Y.; Vishruti Patel, Plainfield, III.; Cheska Avery-Stafford, Milwaukee; Prashant Verma, Columbia, Md.; Paul Ayson, Visalia, Calif.; Anthony Daniel, San Francisco; Daniel Nam, Oakland, Calif.; Christina Gonzales, San Antonio; Beverly Crawford, Holland, Pa.; Pia Chatterjee Kirk, Madison, Miss.; Maritza Morell, Andover, Mass.; and Shahnaz Ahmed, Ballwin, Mo. The Institute is sponsored in part through contributions from Procter & Gamble Oral Health and Henry Schein Dental. For more information, go to ADA.org/diversityinstitute.

# Wanted: Your expert advice on Sharecare

ADA Member

Sharecare Contributor

#### **BY KAREN FOX**

You can do your part to make sure information that patients are getting from the Internet is scientifically sound.

Become an ADA Sharecare Contributor by answering

questions from the public on Sharecare.com, a website that seeks to connect consumers with topnotch health care providers and distribute accurate

health information from multiple points of view. Mehmet Oz, M.D., is the co-creator of Sharecare.com with WebMD founder Jeff Arnold. Millions of consumers visit the site for answers to their health questions from health professionals, and oral health is the site's most-searched topic.

Through an agreement with the ADA, active licensed dentists are invited to become ADA Sharecare Contributors and answer questions from patients and the public through the site. To date, there are more than 300 ADA Sharecare Contributors and as of August, they had posted more than 3,200 answers to questions on the site.

Dr. Gerald Curatola, a New York dentist and clinical associate professor at the New York University College of Dentistry, became an ADA Sharecare Contributor to help "build a social media voice that is informative and helpful." He typically spends some time in the evenings or mornings before work answering ques-

tions on the site, usually one, two or three questions at a time. To him, Sharecare. com has been a great way to join other dentists and health providers in the exchange

of ideas with patients and the public.

"I believe that dentistry is on the front line of helping patients live a longer and healthier life," said Dr. Curatola. "Through the pioneering efforts of Dr. Oz and others, the dental profession now has a voice that can reach a much broader population with that message than ever before possible."

The ADA has set a goal of providing 2,000 answers on Sharecare.com this year, and you can help to meet this goal. To learn more about Sharecare.com, respond to questions or find out how to become an ADA Sharecare Contributor, visit www. ada.org/sharecare. You can also stop by the ADA Welcome Center during the Annual Session.

# **Not yet a member?** Join the ADA now, pay \$0 dues in 2012

If you're not currently a member dentist, consider applying today. Most dentists who join in the last quarter of the year are eligible for \$0 national dues through Dec. 31, and many state and local dental societies match that rate.

For more information about ADA membership and applications, visit ADA.org/join or contact your state dental association.



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### ANNUAL SESSION

# Is dentistry changed forever by the recession?

### **BY KELLY SODERLUND**

San Francisco-A panel of expert health economists at Annual Session will shed light on whether the effects of the recent economic downturn are temporary or whether there are other long-term forces at play.

Has the Economic Downturn Changed Dentistry Forever? (course 5307) will be presented from 10:30 a.m.-1 p.m. Thursday, Oct. 18. There is no fee for the course, and participants are eligible to receive 2.5 continuing education units.

Marko Vujicic, Ph.D., managing vice president of the ADA Health Policy Resources Center, will join panelists Dr. L. Jackson Brown and Dr. Howard L. Bailit, both Ph.Ds. Drs. Brown and Bailit have published widely on health policy and been active in academic dentistry, organized dentistry and dental research. Each has served on many national committees and editorial boards.

Dr. Jeffrey M. Cole, who serves on the



Dr. Vujicic **Dr. Bailit** 



Dr. Brown

Council on Dental Practice's Subcommittee

nomics, will moderate. The subcommittee studies changing trends and models affecting the delivery of dental care. "The caliber of speakers we have on the panel for this

course is incredible," Dr. Cole said. "Drs. Vujicic, Brown and Bailit will be able to shed light

on Practice Models and Eco-

on trends on the demand for dental procedures, the declining trend in patient dental visits and how these affect the profession and what the future holds, among many other areas. For those who plan to attend: prepare to be enlightened."

Dr. Vujicic and HPRC staff members authored an article that appeared in the May edition of The Journal of the American Dental Association titled "An Analysis of Dentists' Incomes, 1996-2009," (see the ADA News article on the report in the April 23 issue), which explored many of the themes that will be covered at the Annual Session course. The article stated the recession has caused an expected decrease in dentists' income but ADA survey data shows that drop has been occurring since 2005, years before the economic downturn began.

The authors found that the primary reason for the decrease in net income was because of a drop in dental visits. In a nutshell: people have been going to the dentist less frequently, a troubling trend that appears to have started prior to the economic downturn.

"Analysis suggests strongly that several important trends were established prior to the downturn that will have startling long-term implications for the profession," Dr. Vujicic said. There will be a Q&A following the pre-

sentation.

-soderlundk@ada.org

# **Dental lab** course helps collaboration

### **BY KELLY SODERLUND**

San Francisco-Learn techniques dentists and dental laboratory technicians can use for successful long-term collaborative treatment planning at an Annual Session course.

Dentists and Dental Laboratory Technicians Can Enhance Patient Care and Reduce Remakes (course 7141) will be presented from 2-4:30 p.m., Saturday, Oct. 20.

Participants are eligible to receive up to 2.5 hours of continuing education credit.

The course costs \$25 for dentists and \$15 for staff if you register by Sept. 21. After that date, it costs \$40 for dentists and \$30 for staff.

The course, taught by certified dental technician Nelson Rego, evolved from a 2010 ADA House of Delegates directive to increase interaction between dentists and dental laboratory technicians.

-soderlundk@ada.ora



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# **Sleep medicine forum** emphasizes health provider teamwork

San Francisco-Dentists can play an important role in helping diagnose and treat sleep disorders, and a 2012 Corporate Forum program at the ADA Annual Session offers dentists an introduction to dental sleep medicine.

The Annual Session Corporate Forum course, Dental Sleep Medicine Protocols for General Dentists, presented by Dr. Steve Carstensen and Wesley Fleming, M.D., is designed to introduce dentists to diagnosis and treatment modalities for sleep disorders.

The forum is set for Oct. 19, 8 a.m.-5 p.m. at the InterContinental Hotel San Francisco, Grand Ballroom A.

"There are so many benefits to using dental sleep medicine protocols for patients," said Dr. Carstensen.

"When I'm discussing my patients' overall health, they frequently ask why a dentist would be concerned with sleep issues. I explain that untreated sleep apnea increases chances of heart attack or developing diabetes or cancer. I can help treat a diagnosed sleep disorder and, if an undiagnosed patient has signs of risk, I can refer them to a physician to see if help is needed. Either way, now patients see their dentist as part of their whole health treatment, not just limited to the teeth and gums."

Dr. Carstensen also emphasized that collaborating with his medical colleagues to enhance patients' overall health, longevity and quality of life has broadened his interest in dental practice and in his career.

"My dental team has also had the opportunity to learn and expand their skills,' ' Dr. Carstensen added. "Our patients' input about how dental sleep medicine we provide has made their lives better has spurred everyone's energy to learn and apply new skills. Watching my team members grow and discover their talents in ways the typical dental office cannot offer gives me confidence I have a unique employment opportunity, which cuts down on turnover."

According to National Institute of Neurological Disorders and Stroke, a part of the National Institutes of Health, at least 40 million Americans each year suffer from chronic, long-term sleep disorders, and an additional 20 million experience occasional sleeping problems. Sleep disorders account for an estimated \$16 billion in medical costs each year, while the indirect costs due to lost productivity and other factors are probably much greater.

"Most people take sleep for granted, until they suffer from a sleep disorder," said Dr. Fleming

"Chronic sleep disruption has been linked to both health and quality of life issues, including high blood pressure, heart disease, depression, stroke, diabetes, obesity, motor vehicle accidents, premature aging and a general lack of energy and enthusiasm for life

"While some of these problems can be helped with minor behavioral modifications, such as eliminating caffeine from the diet, proper sleep habits and stress reduction, many patients require professional diagnoses and treatment.'

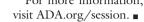
The forum will help participants learn

how to integrate patients' medical insurance to cover dental sleep medicine oral appliances, offering patients more costeffective treatment.

Forum participants can become certified

in SomnoDent therapy and understand how to implement dental sleep medicine protocols in the office.

The cost of the forum (course 6601) is \$595. This session does not qualify for ADA CERP continuing education credit. Meals are not included in the session. Attendees will be given a onehour break for lunch.





For more information, Fisherman's Wharf: Visitors enjoy watching sea lions at San Francisco's Pier 39. In the background, Alcatraz looms.

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Dental Masters Laboratory				Applegate Dental Ceramics			
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High Precision Dental Laboratory	Torrance	CA	877-523-4241	Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
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# **Member-centered** ADA Welcome Center your one-stop shop at Annual Session in San Francisco

### **BY KAREN FOX**

San Francisco—There are special experiences in store for ADA members this year at Annual Session.

Visit the ADA Welcome Center to find out what the ADA is doing for members, and leave armed with tools to benefit your practice, a professional portrait and maybe even a raffle prize.

A variety of member-centered services take place at the Welcome Center, including:

• The ADA Find-a-Dentist Photo Studio: Find-a-Dentist on MouthHealthy.org helps



American Dental Association ANNUAL SESSION OCTOBER 18 - 21, 2012

members market their practices by providing practice information and other details online. Have a professional portrait taken at the Photo Studio, update your Find-a-Dentist profile and take your portrait home on a flash drive.

• Take a tour of MouthHealthy.org, the ADA's new consumer-oriented website. See how the site can be used to educate patients on prevention, care and treatment; and view oral health information by life stages, from pregnancy and babies through adults over 60—in English and Spanish.

• View the ads produced by the Ad Council and Partnership for Healthy Mouths, Healthy Lives that motivate parents to get their children to brush for two minutes, two times a day.

• Learn how to become an ADA Sharecare Contributor and answer questions from the public. (See story, Page 20.)

• Play the Plants vs. Zombies video game, the centerpiece of the ADA and Pop-Cap Games' new campaign, "Stop Zombie Mouth." (See story, Page 3.)

• Attend the Online Strategies Center. Experts will be on hand to show dentists how to use various online tools to enhance their practice strategy. Topics include using social media, marketing your practice online and searching for evidence online.

• Give Kids A Smile has been providing children in need with free dental care through





**ADA Welcome Center:** Learn what membership has to offer.

programs large and small for 10 years. Come to the Welcome Center to see the GKAS 10th anniversary exhibit.

• Enterprise and Hyatt representatives will discuss travel benefits for ADA members.

• Save on patient education and practice management products in the ADA Catalog. Visit the Welcome Center to preview samples and learn more about special rates for ADA members.

• Register to win a Google Nexus 7 tablet every day.

## Act now to book ADA official hotel

San Francisco—If you haven't made hotel reservations for your trip to the ADA Annual Session Oct. 18-21, there's still time to act. The deadline for booking rooms in ADA official hotels is Oct. 3.

Making hotel reservations through the ADA allows the Association to keep registration costs low and continue to negotiate competitive rates for future Annual Sessions.

Benefits include: complimentary shuttle service between all hotels not within walking distance and the Moscone Center and rate integrity.

So if an official hotel's rate decreases over the dates of the Annual Session, so does yours. Members who book at an ADA official hotel for Annual Session using an ADA Signature Visa card will receive triple rewards points.

The ADA Signature Visa Card, issued by U.S. Bank, has one of the most robust rewards points programs, and it was developed just for dentists. Call 1-888-327-2265 or visit usbank.com/ADAVisaCard to apply.

Seats in many of the 280 Annual Session continuing education courses are still available.

For more details and course descriptions, to register for Annual Session or to book a hotel reservation, visit ADA.org/session.

# ADA and ADHA offer new course at two meetings

#### **BY KELLY SODERLUND**

San Francisco—Teaching dentists and dental hygienists how to work together more effectively during challenging economic times and throughout their careers is the topic of a new course at Annual Session.

Building Optimum Oral Health Care Teams (course 7343) will be presented from 8-11 a.m., Saturday, Oct. 20. There is no fee for the course, and participants are eligible to receive three hours of continuing education credits.

The American Dental Association and the American Dental Hygienists' Asso-

ciation collaborated to offer this course at both the ADA's Annual Session in San Francisco and at the ADHA's 2013 Annual Session in Boston. Dr. Robert Gottlieb, Suzanne Newkirk, a registered dental hygienist, Dr. James Rozanski and Lisa Shaw, also an RDH, will present the course.

"My daughter and I would be lost in our practice without our hygienists," said Dr. Mark Zust, chair of the ADA Council on Dental Practice. "It's important for us to be able to work together in a positive environment and have the same goal of providing the best patient care possible."

—soderlundk@ada.org

# Facebook can market practice

### **BY KELLY SODERLUND**

San Francisco—You've heard of Facebook; maybe your kids are on it or your friends are pressuring you to create a profile. You may even have your own personal page.

But you may not have heard about how Facebook can be used to market your dental practice. Introduction to Facebook Marketing for Your Practice (course 6308) will be presented from 8-10:30 a.m., Friday, Oct. 19 at Annual Session and is a course catered to those who have never used the social networking website or who have very little experience with it.

The course will be presented by Rita Zamora, a consultant and speaker on social media marketing in dentistry.

Ms. Zamora will discuss how advertising and Internet marketing have changed and what it means for dental practices; Facebook marketing guidelines and best practices; and how to grow a patient community on the site.

—soderlundk@ada.org

# Dentists, exhibitors can interact at Annual Session

San Francisco—More than 600 exhibitors—including 125 first-timers—will showcase their products and services at the ADA World Marketplace Exhibition Oct. 18-20 at the ADA Annual Session, offering dentists a great opportunity to meet face to face with suppliers and test and compare products.

Annual session-goers can customize their shopping trip in advance by creating a personal "My Expo" account online at ADA.org/ session and saving a customized floor plan. This online tool allows users to search for exhibitors by name or by product category, save a list of exhibitors they'd like to visit, modify the list from now through Oct. 20 and print a custom map of the exhibit floor with preferred exhibitors and their booth numbers.

The ADA World Marketplace exhibition will be open Oct. 18-20, 9:30 a.m.-5:30 p.m. Visitors can save money with show discounts and special offers and enjoy a variety of activities, special events, contests, drawings and giveaways:

• Visit the Welcome Center in the South Hall to check out the ADA's new consumer website MouthHealthy.org, have a professional portrait taken, send an email in the free Wi-Fi area, check out the Plants vs. Zombies "Stop Zombie Mouth" campaign, meet ADA staff and learn more about the benefits of your ADA membership.

• The ADA Coupon Book contains great deals and show specials from a variety of companies. Pick up a coupon book in the Moscone North, South or West Lobby.

• Stop by the Super Sweepstakes kiosk to pick up your game card. Win prizes by playing in any of the daily games or play the Grand Prize game for a chance to win a sweepstakes prize valued at up to \$5,000. The Super Sweepstakes kiosk is located in the walkway

### **CERP course set** for Annual Session

San Francisco—The ADA Continuing Education Recognition Program is offering ADA CERP Recognition: A Workshop for Continuing Dental Education Providers (course 5134) during the ADA Annual Session.

The workshop takes place Thursday, Oct. 18, from 1:30-5 p.m. at Moscone South, Room 310.

This is an overview of the CERP recognition process. Continuing dental education providers already approved by ADA CERP and those who are considering applying for recognition for the first time will find the workshop useful. Members of the ADA CERP Committee will review the recognition standards and discuss ways in which providers can demonstrate compliance.

To register for the course, go to www. ada.org/session. The fee is \$60 for registrations received by Sept. 21 and \$75 after Sept.

Email any questions or topics you would like addressed at the meeting to hendricksk@ada.org.

between the North and South exhibit halls.
Spend \$2,500 in the World Marketplace Exhibition between Oct. 18 and Oct. 20 and receive free registration for the 2013 ADA Annual Session Oct. 31-Nov. 3, 2013, in New Orleans. • Unleash your artistic ability by painting on the Electronic Graffiti Wall or take and print a fun photo to commemorate your time in the World Marketplace in the North Hall, Booth 6772 or South Hall, booth 546.

• Enjoy a taste of New Orleans at the Exhibit Hall Closing Party, Saturday, Oct. 20, from 4-5:30 p.m. Specialty cocktails and delicious regional desserts will be served as attendees take advantage of one last opportunity to meet with this year's

exhibiting companies. One drink ticket per registered attendee will be provided; food is complimentary. The Exhibit Hall Closing par-

er ty is sponsored by Philips Sonicare and Philips

Crowd pleaser: The World Marketplace at the 2011 Annual

Session in Las Vegas bustles.

Log on to ADA.org/session for more details.

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# **Groupon, Living Social work with Oregon dentists**

### **BY KELLY SODERLUND**

Portland, Ore.-Social coupon companies Groupon and Living Social have shown willingness to revise their business models to help dentists avoid violating state fee-splitting laws, at least in Oregon.

Like many state dental boards, the Oregon Board of Dentistry was getting questions about whether dentists were violating the board's fee-splitting rule by offering deals for dental services through social couponing websites. Under the traditional business model, social coupon companies generally keep a percentage of the revenue from patients, remitting the remainder to the dentist, which could be deemed illegal fee-splitting under state law.

Upon receiving these inquiries, the Oregon board notified dentists that entering into an agreement with these websites could subject them to disciplinary action, said Patrick Braatz, OBD executive director. In 2011, the OBD issued a statement on its website, alerting dentists to this risk.

In response, representatives from Living Social and Groupon contacted the board asking if there was a way for dentists to use social coupons without violating the board's fee-splitting laws, Mr. Braatz said. Living Social and Groupon ultimately proposed using a new contract with dentists, under which all fees paid by the patient would be passed through to the practitioner and the practitioner would then pay an advertising fee directly to Groupon or Living Social.

The OBD issued letters to Groupon and Living Social stating that the proposed contract "does not violate the prohibition of splitting fees" set forth in the Oregon board rules. The Oregon dental board doesn't approve each contract a dentist signs but did approve the model for which the contracts are based.

"Groupon worked collaboratively with the Oregon Board of Dentistry to develop options for Oregon dentists to continue to use one of the most effective marketing services in the business and avoid allegations of illegal 'fee-splitting,' " said Groupon spokeswoman Julie Mossler. "We continue to believe the marketing suite we've pioneered is fundamentally different both ethically and in intent than the types of historical fees-for-patient referral schemes or 'kick-backs' fee-splitting laws are designed to prevent. We're sensitive to the needs of all our merchants, offering many different ways to partner together that comply with their ethical/legal obligations, regardless of their profession or where they practice."

A spokesperson from Living Social also confirmed the company uses a flat fee agreement with the dentists with whom it works. So far, this model has only been proposed by Living Social and Groupon, and the board has not been contacted by any other social couponing companies, Mr. Braatz said.

The American Dental Association legal department cautions that, even under the new fee arrangement, there are other legal and ethical issues that a dentist must consider before using social coupons to promote his or her dental practice. A dentist is advised to consult with an attorney familiar with such issues in the state where the dentist is located before moving forward with social coupons. To learn more about these issues, visit

www.ada.org/members/6502.aspx.

—soderlundk@ada.org

# CEBJA issues advisory opinion on split fees in marketing

### **BY KELLY SODERLUND**

The ADA Council on Ethics, Bylaws and Judicial Affairs has issued an advisory opinion on split fees in advertising and marketing services, such as Groupon and Living Social, among other online coupon deals.

The opinion, approved by the council at its March meeting, was prompted by numerous inquiries to the ADA by member dentists. Some social couponing companies collect fees from patients or prospective patients for

the offered professional service and retain a defined percentage of that fee as payment for the marketing provided to the business. The opinion is as follows:

Split fees in advertising and marketing services: The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via "social coupons" if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from

the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected.

Dentists should also be aware that the laws or regulations in their jurisdictions may contain provisions that impact the division of revenue collected from prospective patients between a dentist and a third party to pay for advertising or marketing services.

# Oral surgeon draws on chairside resource for treating sick patients

### **BY JEAN WILLIAMS**

Dr. Hatton

Sciences.

As an oral surgeon, Dr. Michael Hatton knows a thing or two about the co-morbidities that dental patients may present with.

But he was pleased to enhance his professional knowledge with ICE Medical Support System, a chairside resource for dentists treating medically compromised patients.

"It's a great backup to reinforce the way that you practice," said Dr. Hatton. "I've been out there 30 years, but it reinforces

tor of Oral Medicine, Oral Diagnostic Sci-

ences at the School of Dental Medicine.

University at Buffalo, N.Y., is married to

Elizabeth Hatton, a physician who is also

Dr. Elizabeth Hatton teaches in the

dental school, too, as a clinical assistant

professor, Department Oral Diagnostic

his colleague at the dental school.

some of the decisions that you have to make clinically."

ICE Medical Support System is a website providing resources on medical conditions as they relate to oral health care.

Dr. Hatton, who also is an oral and maxillofacial surgeon and clinical associate professor and direc-



"My wife and I think quite a bit of this product," Dr. Hatton said. "We think it's an excellent resource for students and residents in their early learning years and for general dentists. Personally, I think it should be at chairside for every dental student in this school."

The ICE Medical Support System provides point-of-care oral care information that is continually updated in more than 50 languages.

Using the information available on the site, dentists and other dental team members can assess a patient's potential for medical complications and the need for dental modifications.

Additionally, subscribers can amass up to three hours of continuing education credits through use of the site.

A demo of the site is available at icemedicalsupport.com/demo.

Currently, a subscription to the ICE Medical Support System is available at \$219 annually.

ADA members receive a \$20 discount and can register for an annual subscription at icemedicalsupport.com/ada.

For more information about the Medical Support System, call 1-866-292-9725 or email info@icehealthsystems.com.

—williamsj@ada.org



promote

# Patsy Dumas brings history of service and advocacy to AADA presidency

#### **BY STACIE CROZIER**

*Fort Wayne, Ind.*—As the Alliance of the American Dental Association prepares to review its organizational structure and function during its 2012 convention in San Francisco, Patsy Dumas, AADA's president-elect, has also made some recent transformation in her role as a dental spouse and leader.

"After my husband, Dr. James Dumas, sold his oral surgery practice, he decided he enjoyed his work and didn't want to quit, so he opened a new office in April," said Mrs. Dumas. "I was somehow talked into being the office manager. I have not worked for him all these years, but it is a new challenge in my life."

Mrs. Dumas' presidency begins as the Alliance considers changes that could reduce the size of their governing board and how it serves its members.

"I hope I am able to help with any transition we choose to implement and to make it go smoothly," said Mrs. Dumas. "The meeting in San Francisco next month will determine if we begin this process."

In her 45 years as an Alliance member, Mrs. Dumas, a resident of Fort Wayne, Ind., has seen the focus of the organization change with the times.

"When I first joined, members focused on providing dental health education for young children and also served as a social organization for dental spouses," she said. "Today, the Alliance is composed of career women who advocate for legislation to protect the profession of dentistry, educate the public about the importance of good dental health and promote well-being for dental families."

Mrs. Dumas' track record of service and volunteerism will help her lead the Alliance as it faces the future. She has served as president for the Alliance of the Isaac Knapp District Dental Society and the Alliance of the Indiana Dental Association; national District 4 trustee; and chair for the AADA Dishing Up Smiles book project. She has also been active in dental health education and many fundraising efforts.

She has been a tireless volunteer for both dentistry and her community. She has devoted her talents and time as a leader, board member and fundraiser for the Girl Scouts. board president and fundraising chair for The Carriage House, a rehabilitation facility for people recovering from mental illness, and chair of an annual event that funded the construction of a training center for mental health care professionals. In 2005, her efforts in the community and in dentistry were recognized with a Special Service Award from the Indiana Dental Association. The honor is bestowed on nondentists who advance the objectives of the health professions and/or the dental profession.

Mrs. Dumas and her husband have six children and 19 grandchildren, and four of her children are either currently working in dentistry or have in the past. Daughter Jenny Dahm is a dentist, and son Dave had a dental service and supply business before embarking on a career in real estate. Daughter Beth is a sales representative for Straumann, and son Steve is a sales rep for Pelton and Crane. Daughter Julie works for a sporting goods company, and daughter Sarah is an attorney.

"I care a great deal about the Alliance, from the local to the state to the national level," said Mrs. Dumas. "I see the importance of keeping up on current legislation affecting organized dentistry and programs that address the well-being of the dental family. I



am proud of our contributions to educating schoolchildren about good dental health habits. I want the Alliance to be important to the next generation of spouses, even though it may be accomplished with a different approach than we've used in the past." Mrs. Dumas said Alliance members can

serve the profession in a variety of ways. "Members can get involved with legislation activities and be educated about candidates who care about the dental profession and the needs of the patients we serve," she said. "They can also participate in dental health education programs such as the From Head to Toe project or become involved in well-



Mrs. Dumas

life balance, surviving spouse activities and much more." The AADA annual convention will be

being activities that

health, satisfaction,

personal

held Oct. 19-20 at the Palace Hotel in San Francisco. For more information about the meeting or about AADA activities and membership, visit

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> \*1 R. Yapp, H. Strassler, C. Bracho-Troconis, G. Richard, and J. Powers. Compressive Deflection of Composite Layered on Biodentine and Two Bases. AADR: 20 Mar 2012 \*2 K. Bently, S. Janyavula, D. Cakir, P. Beck, L.C. Ramp, J.O. Burgess. Mechanical and Physical Properties of Vital Pulo Materials. AADR: 20 Mar 2012.

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### A conversation with the president-elect

# **Dr. Faiella**

#### Continued from Page 1

practice climate of the late 80s so well that he opened a second location six months later in Osterville, on Cape Cod. He discovered it was more affordable for him to live closer to Osterville than Duxbury, and a friend of his in Osterville suggested it as a good location for a periodontist. "I didn't think I'd be busy five days a week in Duxbury, and as a specialist, I would not be competing for the same referral base in Osterville. So I opened the second office six months later, and I have been in solo practice in both locations ever since."

Students facing current debt loads would not be as likely to get started as quickly as he did. His debt was manageable: he had practiced as an associate with periodontist Dr. Marilyn Canis in Boston and had completed a National Institutes of Health fellowship at Harvard. "I was pretty fortunate," he says simply in summing up his start in dentistry.

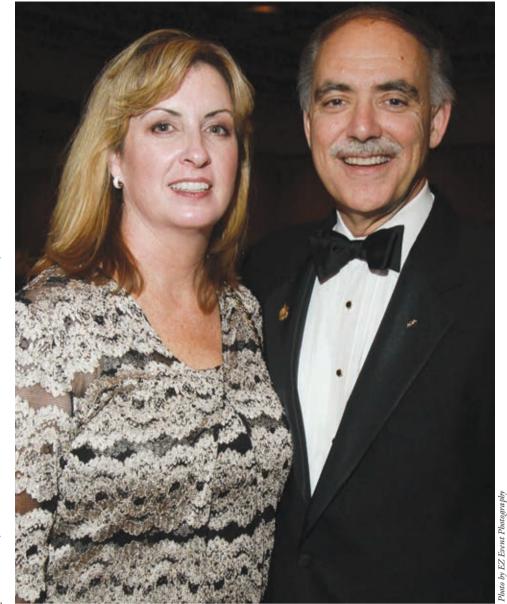
His initial foray into the health sciences was with the objective of becoming a physician, in response to his father's heart attack at age 46.

With that in mind, the New Jersey native (from the real family-oriented Jersey Shore, a world apart from anything depicted on the television show—"No one was like that when I grew up there. It was a great place to grow up," he emphasizes) attended Villanova University outside Philadelphia where he turned his attention to dentistry. "This was the late 1970s. It was a very competitive time for applications to dental and medical schools. It was academically a cutthroat environment as students competed for the available seats to get into professional school. I discovered over time that three of my closest friends were applying to dental school, not medical school."

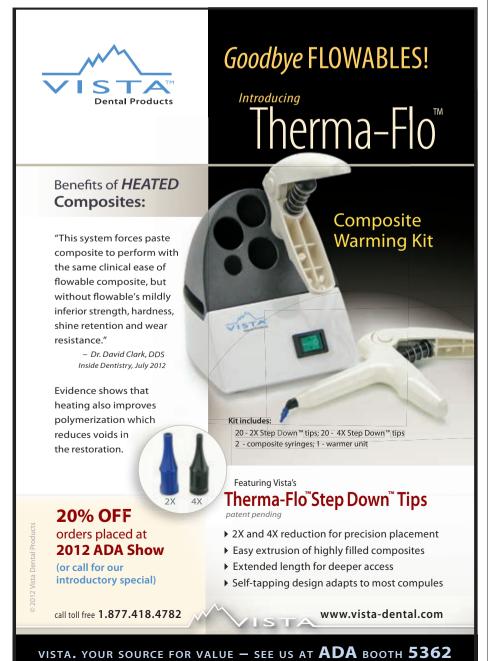
Their discussion with him about the advantages of a dental career convinced him to apply. Recalls Dr. Faiella, "They said it was a great way to be in the medical field, but with more normal hours and family time. I went to my adviser and asked about applying to both. He said, 'Oh, no, no, you can't do that. If medicine finds out you are applying to dental school, they will disregard you, and if dental school finds out you are applying to medicine, they will do the same.' He told me to put all my 'eggs in one basket', decide what I wanted to do, and go for it."

He decided to take some time off and learn more about dentistry. He spent a year at a dental laboratory where he learned every aspect of laboratory technology. Through the lab owner, he also met Dr. Bob Saporito, whose father, Louis, was a former president of the ADA. "At the time I was a forgettable college kid, but he gave me a lot of information, and supported my initiative. Based on those experiences, I decided to apply to dental school."

He picked a school close to home and family, Fairleigh Dickinson University School of Dental Medicine (which closed in 1990). After graduation in 1982, he decided to specialize. "I was applying for an early decision on a



**2011 Annual Session:** Dr. Faiella with his wife, Kelli, at the Presidential Gala last year in Las Vegas.



residency in oral and maxillofacial surgery. At the time, Dr. Mike Alfano, former New York University dental dean, and Dr. Ira Lamster, who was a first-year, out-of-the-program assistant professor in periodontics [and who stepped down as Columbia's dental dean this year], were early mentors for me. They are both periodontists, and we had long discussions about the direction of the profession and research. They encouraged me to apply for NIH-sponsored fellowships at different schools. I was accepted to Harvard on an NIH fellowship in a combined program in periodontics at the School of Dental Medicine and as a research fellow in the Department of Orthopaedic Surgery at Massachusetts General Hospital. I presented my master's thesis to the faculty of medicine with the chief of orthopedic surgery at Massachusetts General Hospital, Dr. Henry Mankin. I have been very fortunate to have many thoughtful and generous mentors, including Dr. Mankin and Dr. Ray Williams, my program director at Harvard (and currently Dean at SUNY Stony Brook School of Dental Medicine)."

Dr. Faiella earned his master's of medical science at Harvard Medical School, and the fellowship paid for his tuition and included a tax-free stipend. "It was a wonderful way to become educated," Dr. Faiella notes. "I was very fortunate to be awarded the fellowship."

The terms of the fellowship included teaching and/or research for at least 20 hours a week during his time in the program. "I stayed on as part-time faculty in the periodontal postdoctoral program at Harvard and did research at with the Department of Orthopaedic Surgery at the Massachusetts General Hospital, while also practicing privately."

Over the course of his career, Dr. Faiella has held many leadership positions in the ADA tripartite, including four years as ADA 1st District Trustee, service on the ADA Council on Dental Benefit Programs, the ADA National Healthcare Information Infrastructure Task Force and the ADA Essential Oral Health Care Needs Task Force. From 2009-2011, he was the chair and sole director of ADA Business Enterprises, Inc. Board of Directors, and is currently on the ADABEI board as a nonvoting consultant. He also previously chaired CDBP's Dental Benefit Information Service/ Third Party Issues Subcommittee, the ADA Electronic Health Record Workgroup, and served as liaison to many councils and committees as a member of the ADA Board. He was also a delegate to the ADA House from 1998-2007.

He is a past president of the Massachusetts Dental Society, former general chair of the Yankee Dental Congress and former consultant to the MDS Council on Government Affairs. He served as chair of the MDS Council on Membership and Manpower Affairs, the Committee on the Young Dentist, and as a delegate to the MDS House. He is a fellow of the American College of Dentists, the International College of Dentists, the Pierre Fauchard Academy, the Academy of Osseointegration, the International Team for Implantology and the Academy of Dental Science. He is also a Diplomate of the American Board of Periodontology, and a member of both the American Academy of Periodontology and the Academy of General Dentistry.

Dr. Faiella will be installed as the 149th president of the American Dental Association before the ADA House of Delegates on Oct. 23 in San Francisco. He was interviewed this summer by ADA News Editor Judy Jakush. The first part of the interview follows here, and the second will be published in the Oct. 1 ADA News.

**ADA News:** Based on your early academic career, you obviously had an intellectual

### ADA News September 17, 2012 29

passion for dentistry, periodontology and research. You found your niche in private practice while still keeping active as a lecturer and clinical instructor at Harvard. What was the spark for you to look beyond practice and teaching to become involved in organized dentistry in Massachusetts and nationally?

Dr. Faiella: My first year in private practice was in associateship with Dr. Marilyn Canis, a well-respected periodontist in Boston who also served on the state dental board. I was her first associate. She was also a graduate of Fairleigh Dickinson and very involved in organized dentistry. She absolutely encouraged me to become involved in our local component society and particularly its membership committee. So I was engaged early at the local level, and after one year, I was asked to serve on the Massachusetts Dental Societv Council on Membership. ADA Executive Director Kathleen O'Loughlin and I started our careers in organized dentistry at the same time on the same council in the 1980s.

I found I enjoyed my involvement with recruitment and retention membership efforts, and became really engaged at the state level. At that time, the Commission on the Young Professional (later to become the New Dentist Committee) was getting off the ground at the ADA. Massachusetts and many other states followed suit, and I was asked to be the first chair of the MDS Committee on the Young Dentist.

That was my first leadership role as a chair at the state constituent level, and I quickly learned to write an agenda, run a meeting and keep it on time. I quickly learned the most important lesson for a committee chair is to clarify the charge to the committee, and help them gather the information necessary to lead to a consensus report.

I have also been active in meeting planning with the American Academy of Periodontology. I served for 10 years on their CE oversight committee, which is a meeting planning group that manages AAP education at their annual session. I chaired that committee for six years and also served on the ADA liaison committee of the AAP. The goal of that group is to help the AAP become more engaged with ADA policy and activities, and hopefully I have contributed in a meaningful way to that objective.

In the end, it was a combination of my early experiences and mentoring that fueled my interest in those issues that potentially affect our profession.

**ADA News:** How did you manage these time commitments then? How do you do it now?

Dr. Faiella: Here is my perspective on being productive and engaged: many people talk about time management, but it's not about managing your time-it's about managing your energy. Given that approach, I have always felt that if I compartmentalized my life and focused on what was important in those different areas, and kept them evenly balanced, things would work out. Sometimes things can be out of balance, but you learn to get through those times because you learn to focus on solutions when your energy level is high.

I didn't come from a large immediate familv. I had only one sister, who was five years younger than I and who passed away at age 44. My father also died at age 60, far too young. I remember him saying that when he retired, he and my mother were going to take the foregone vacations they missed while working and providing for my sister and me. He worked very hard, and he never made it to see his goal become reality. His passing made me realize you only have one life, and he taught me how to be happy and to make every day count, no matter what your goal or

This is my time to serve the profession. My family understands that, and my staff understands that. It challenges my personal time, but I always try to make the right time for each part of my life-the "compartmentalizing" piece again. This is a seven-day-a-week job, but there is never one single aspect of the job that is dominant all the time. As a result, everything is engaging-it's a little exhausting at times, but far more than that, it's empowering. I love what I do in clinical practice: that's why I'm here at the ADA. That is what drove me to membership and involvement as a volunteer. I would never personally give up my clinical practice. But all the facets of the profession, not just clinical practice, but education, research, the military-any dentist engaged in any way-are affected by what happens outside the four walls of your office, and the ADA provides the opportunity to have the greatest impact. That's what makes it empowering.

challenge may be.

ADA News: Do you have a specific goal you wish to see accomplished this year?

Dr. Faiella: In 2007, I was excited by the opportunity to be a trustee at the national level, and over the past five years, that excitement has grown. I never requested any specific assignments as an ADA trustee but simply asked each president to place me where they felt I could make the best contribution. I was fortunate to serve many meaningful assignments during my tenure on the board, each one teaching me more about how the Association works. After serving on several committees, workgroups, task forces and liaison assignments, my perspective broadened. The experience is similar to solving a Rubik's Cube—it's really a matter of experience teaching you to see more and more possibilities. At first it seems impossible-how will you ever get the work done? As years go by, you are able to snap a few colors together on the same side, and you start to see how it all connects. In spite of my years here, I still have more to learn, and I'm still putting colors together.

I realize the opportunity to serve at the officer level is an opportunity that few people receive, and it has such a large potential to make an impact. I think of every ADA president as steering a very big ship. If you can just keep your hand steady on the rudder, and commit to keep it on the correct course, the profession will move forward.

As such, my goals are the strategic goals of the Association. Building membership value among all member segments, including working with the state associations to find the right value proposition for them, and keeping our advocacy for oral health strong through our Washington office, are a few areas of focus. Also, challenges by the media to our workforce policy, the need to help our students find the right career path, and tving our budget process to our strategic and operational initiatives are a few of the emerging issues we face. The opportunity to lead these efforts is one I can't pass up.

ADA News: What have you learned in your travels on behalf of the Association this year?

Dr. Faiella: I find traveling as an officer to be really empowering. It presents an opportunity to meet and speak with our members and find out what is important to them. Being on the road can be tiring, but you learn a lot more and it's an opportunity to become better informed in your role for the Association.

My visits to the states have affirmed for me how much dentists actually care about what happens in this profession. Some people say

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### A conversation with the president-elect

# Dr. Faiella

Continued from Page 29

that there's a segment of the profession that is not as engaged, but when I travel and speak to people, whether at the component or constituent level, I find they are very engaged and appreciative of the work that we all do.

They fully express their viewpoints, and it would be a pretty boring organization if we were all similar in our opinions. Thoughtful discussion and good debate makes us better and stronger as an Association. It's an opportunity to appreciate everyone's perspective a little more when you go to visit them where they live and work. I have gained a better appreciation for the breadth of opinion and thoughtfulness people have for the future of our profession.

**ADA News:** Membership recruitment and retention are always a topic of discussion at the ADA. Do you have an insight to share with peers on how to make the contribution both as a clinician and through involvement in organized dentistry?

Dr. Faiella: Don't convince yourself you don't have the time to do it. It's easy to say that, because time is limited. Again, it's about energy management and keeping your priorities straight with family, practice and engagement in organized dentistry. That's a big commitment, but if we don't do this, then others will make decisions that affect your clinical practice, how you make your clinical decisions, how you pursue your livelihood, how you provide services to your patients and what services they receive. People outside the profession shouldn't be the only parties determining how the profession provides oral health care to the public. As a clinician and as a professional, you need to have input into that critical process. And we can only do that through the strength of membership. It's a matter of getting outside the four walls of vour practice or your day-to-day role and being engaged in the profession you have chosen. It is a privilege to be in this profession.



**Issues:** Dr. Faiella attends the 2009 Collaborative Chairs Conference, which brought together ADA council chairs and leadership to discuss the issues facing the Association and the tripartite.

Everyone thought so when they applied to dental school, and I'm sure everyone remembers how excited they were when they ripped open the envelope and read the acceptance letter. That excitement wanes over time, and you can easily forget what drove you to become part of a profession. Becoming involved



is a way to give back, and respect what made you excited in the first place.

ADA News: There have been many conversations at the Board of Trustees level in the past few years about changes in dental practice models, particularly the growth of large group practices. What implications does this growth of large group practices have on the profession and the ADA? Will special efforts be made to reach out to dentists in these practice settings and to organizations such as the Dental Group Practice Association? Are there ways the ADA can collaborate and be meaningful to dentists in these practice settings? How do you envision dental practice in 20 years if this trend continues? Are high student loan debts causing new dentists to enter into different practice models for financial reasons or is this a more efficient delivery model?

**Dr. Faiella:** Large group practices are not similarly defined, and we should be careful not to put them all in same box. In terms of large private equity supported group practices, 20-plus dentists, the reality is the marketplace is growing. Early studies indicate there is an expectation the numbers may quadruple in the next several years. We expect exponential growth in this area. We know there are concerns with defining ownership of a dental practice from a regulatory perspective, and we support the best interests of patients by helping our constituent states whenever necessary on this issue.

What is driving that growth? Possibly some of the decisions younger dentists are making are related to their student debt, but it could also be a lifestyle decision because a dentist in the millennial generation may think differently about how they want to engage their work lifestyle than the baby boomers or Generation X. We have to respect that.

That said, I think there are tremendous opportunities to look at how we can approach members and nonmembers who are in relationships with corporate practices. The opportunity is there to provide a value proposition for ADA membership that may be decidedly different than the value proposition for someone in private practice, the military or academics. That's OK. We need to figure out how that value is defined. We definitely want every dentist to know that the American Dental Association is his or her professional home.

For dentists in a corporate arrangement, we want to help ensure that their delivery of care is never subordinate to a for-profit policy. All dentists should have autonomy in how they care for their patients. No one wants to see a contract potentially put someone's dental license in jeopardy. It's important that the individual understand the full ramifications of any contractual relationship, and we want to help members with this type of risk management whether they are in solo practice or in a corporate relationship. By engaging in this dialogue, we hope to find other areas where we can be helpful, too.

**ADA News:** Regarding student debt, there is an ADA initiative under way to study its impact (Taskforce on Dental Education Economics and Student Debt, based on Resolutions 66H-2011, 91H-2011 and B-204-2011). What is the ADA's role in this issue? Is there anything the Association can do for the profession's newest members and their unprecedented levels of educational debt? Are debt levels manageable? Are they having an impact on practice choices of the new dentists?

**Dr. Faiella:** When I graduated in 1982 from dental school, student debt averaged one-fifth of the net income for a dentist. To-day it is equal to net income, if not higher. This is just educational debt. Total debt is

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even greater. According to the American Dental Education Association, the average graduating debt in 2011 ranged from more than \$157,000 for public dental schools to \$218,695 for private and private state-related schools. ADEA also said that when expressed in constant dollars, student debt upon graduation has increased by almost \$100,000 in the past 20 years and almost \$20,000 in the past five years.

We need to understand how debt drives recent graduates' decisions regarding their practice choices or their professional choices. I think we also have to understand what we can do to help mitigate that debt burden, so that it doesn't unduly affect their choices. The ADA is advocating for loan forgiveness, obviously, but we also need more than short-term incentives. Perhaps we need to explore longterm tax incentives that can be applied to anyone who establishes a practice in a health professional shortage area. Currently, the system provides an incentive for dentists to locate in these areas for the short term, and once that obligation has been met, they usually leave.

We know that the dentist-to-population ratio overall is fairly well balanced but that there are geographic disparities. Long-term tax incentives are one approach that could help improve the distribution of dentists in areas of need. We would like to work with the American Dental Education Association to mine more information from dental schools about the economic pressures dental students and schools face. The Taskforce on Dental Education, Economics and Student Debt had a slow start this past year and will need to be re-established and re-funded by the House to continue, but I am committed to seeing this work through completion of the charge the House gave them in 2011. It is an issue that is too important for us to ignore as a profession.

**ADA News:** As mostly small business owners, dentists have been particularly affected by the economic downturn. This is reflected not only anecdotally by dentists themselves but also by results from the ADA Health Policy Resources Center's economic surveys. What is the ADA doing to help members get through this period? How will the Center for Professional Success, currently in development, support members?

**Dr. Faiella:** The ADA has four strategic goals. The Board this past year decided to focus primarily, not exclusively, on goals one and four, which are (1) helping members succeed in their practices and (4) to be a financially stable organization as an Association. We understand what the economic downturn has done to dentists, and everybody has felt that downturn.

What we are hoping to do is to provide practice management resources to dentists that can help sustain them through the tough downturn times. For instance, we are in the process of building the Center for Professional Success, a Web portal that will be a 24/7 resource to provide best-in-class information regarding practice management resources and support.

Interestingly, there is also an unexplained downturn in utilization of dental services that precedes the downturn in the economy. The ADA Health Policy Resources Center is working to help us better understand not only the reasons for that decrease in utilization, but some of the implications it may have for dental practice in the future. Hopefully, this information will help us find ways to turn that trend around. We know that many people who have dental insurance don't necessarily use it, and understanding why will lead to potential solutions.

**ADA News:** ADA's MouthHealthy.org website launched in June, and our partnership

in the Ad Council campaign (www.2min2x. org) debuted in August. What do you think of both? In what other ways is the Association reaching out to patients—both directly and indirectly through the media?

**Dr. Faiella:** We anticipate that both MouthHealthy.org and the Ad Council's Kids Healthy Mouths campaign will increase societal appreciation for oral health as never before.

"Brushing for two minutes now can save your child from severe tooth pain later," is what the videos tell consumers. Having caregivers for very vulnerable target groups—children in vulnerable populations—having them understand something as simple as brushing twice a day with a fluoridated toothpaste is a great goal. This concept is taken for granted by most people, so it's hard to realize that some populations in our country don't engage in this practice. The most interesting finding from focus group discussions before the campaign is that the primary driver for parents is to prevent their children from having pain.

There are 36 organizations including the ADA that are supporting the Ad Council campaign. They have taken on oral health as an issue for the very first time ever, and we know what their success is in creating long-lasting messages of significant impact, such as Smokey Bear's "Only You Can Prevent Forest Fires" and McGruff the Crime Dog's "Take a Bite out of Crime." An added plus is that it is in both English and Spanish. This is an

incredibly important effort—it would cost us \$100 million or more to launch a campaign like this. But it is also important to understand the ADA does not direct it.

We hope the campaign has the tangential benefit of educating children's caregivers to better understand their own oral health needs. This campaign, combined with our consumer-based website, MouthHealthy.org, could be a game changer for oral health literacy in dentistry. We are also reaching out through social media, and we anticipate that all of this movement will capture the attention of consumers to think about oral health in ways they have never done before, and in ways we've never engaged them before.

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### R<sub>X</sub> Only

# SBA loan helps dentists expand access

### **BY STACIE CROZIER**

Wausau, Wis .- Despite a tough economy, pediatric dentists Drs. Thomas Turner, Corey Brimacombe, Carl Hash and Joshua Spiegl are able to treat more underserved children in



Talking tooth: Character from First Impressions video

rural north central Wisconsin and to employ more people in several communities thanks to a Small Business Administration 504 loan.

The SBA honored the dentists of First Impressions Pediatric Dentistry & Orthodontics May 21 in Washington and they were named the 2012 Wisconsin Small Business Persons of the Year in June.

"We are honoring their achievements and spirit of entrepreneurship, innovation and determination," said SBA Administrator Karen Mills. "It is this spirit that continues to drive economic recovery, economic growth and job creation."

"The SBA loan gave us the financial flexibility to expand in spite of a tough economy," said Dr. Turner. "We believed we could expand to other rural communities where

# **Security**

#### Continued from Page 14

scenarios that detail various breaches and ways to prepare for or handle them. While geared toward large government agencies or corporations, a number of recommendations can be helpful to small business owners, including dentists. Much of the information can be applied to what dentists need to do to comply with the Health Insurance Portability and Accountability Act Privacy, Security and Breach Notification Rules.

HIPAA does not require medical providers to comply with each one of the recommendations of this guide but the document may be helpful with ongoing security planning. Complete and up-to-date information about these topics can be obtained from The ADA Practical Guide to HIPAA Compliance: Privacy and Security Kit (J594; manual, CD-ROM and update service through 2013) by visiting adacatalog.org or by calling 1-800-947-4746.

The NIST Computer Security Incident Handling Guide can be found at www.nist.gov/customcf/get\_pdf. cfm?pub\_id=911736.

children lacked specialty dental care. The SBA 504 loan allowed us to spread the loan out."

First Impressions celebrated the receipt of its SBA loan by entering the agency's video contest. A two-minute video now posted on YouTube features an endearing talking tooth character that explains First Impressions' mission to the communities it serves and how the SBA loan made it possible for the practice to expand. Log on to youtube.com and search with the key words First Impressions pediatric dentistry.

According to SBA 504 guidelines, the four

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owners contributed 10 percent of expansion costs, their bank loaned them another 50 percent and they received the remaining 40 percent from an SBA Certified Development Company.

"As a result we were able to build three new clinics, hire two more doctors, six hygienists, four assistants and three administrative staff," Dr. Turner said. "Our practice has grown to serve 15 counties."

First Impressions opened in 1992 in Wausau and has expanded to offices in Weston, Stevens Point, Rhinelander, Medford and Shawano. It currently employs 73 people, including nine dentists.

First Impressions also has a Toothmobile that travels to 15 counties offering patients dental screenings and access to care. "The Toothmobile also encourages a dental home model for preventive services with families and community leaders," Dr. Turner said.

"From the beginning, First Impressions' mission was dedicated to making sure low-income families receive the same level of respect and treatment as other patients," Dr. Turner added. "Our practice is a good example of what a dental team can do when its values, heart and business sense come together."

For more information on First Impressions, visit www.fidkids.com. For more information on SBA loans, visit www.sba.gov.

—croziers@ada.org



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