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ADA News

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

OCTOBER 1, 2012

VOLUME 43 NO.18

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BRIEFS

Oral hygiene poster: A poster on daily oral health care targeted to dental patients and suitable for dental office display is packaged with this issue of the ADA News.

Measuring 19½ by 26 inches, the poster was reviewed for accuracy in the ADA divisions of Science and Dental Practice.

The poster, titled "Protecting Your Smile—Tips on caring for your teeth and gums," stresses the importance of making healthy choices, from healthy eating



to regular dental visits. It also emphasizes the role of the dentist, and the need for dentist and patient to work together for optimum oral health.

See *POSTER*, Page 23

JUST THE FACTS

Dental hygienists' wages

Hourly wages of full-time dental hygienists have increased since 1990 before and after adjusting for inflation.



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

Ad Council takes oral health campaign to Capitol Hill

BY CRAIG PALMER

Washington—Members of Congress, two of them dentists, joined the Ad Council and The Partnership for Healthy Mouths, Healthy Lives Sept. 19 in pitching the first joint national multimedia public campaign for children's oral health to a Capitol Hill audience.

"On Capitol Hill, I view a smile as an invitation to a solution," said dentist/Rep. Paul Gosar, R-Ariz. "I

count smiles on the Hill," he said, describing the campaign as "an opportunity to have children smile back."

"I appreciate your efforts and your commitment to educate parents and children about oral health," dentist/Rep. Mike Simpson, R-Idaho, told an audience of ADA and other partnership representatives at the Capitol Visitor's Center briefing. "It takes groups like this and campaigns like this to

INSIDE WSDA dental extender policy, Page 6

have an impact."

"Too many parents, unfortunately, lack information," Rep. Elijah Cummings, D-Md., told the campaign advocates. "As a result, their children don't reach

their potential in school. I thank the organizations represented here today. This is bigger than you. It's bigger than us. We must continue to invest in sealants and fluoridation and spread the power of prevention. Quite simply, we are bringing life to life [with this campaign]. My involvement in this issue means more to me than anything."

See *AD COUNCIL*, Page 6

ADA announces professional, public drug abuse initiatives

BY CRAIG PALMER

Washington—The Association announced continuing education opportunities for prescribers of opioid medications and offered "strong support" for prescription drug abuse initiatives in professional and public communiques.

"Medicine abuse has become a real problem in our communities," Dr. William R. Calnon, ADA president, said in a media release announcing the multi-pronged efforts. "As prescribers of narcotic pain medications, dentists are well positioned to educate patients about how to keep these drugs from becoming a source of harm."

"The ADA has developed or recognized several continuing education modules for dentists to refresh their knowledge about opioid

See *PRESCRIPTION*, Page 7



Give Kids A Smile: Dr. Jeffrey Jang, chair of community dental health, San Francisco Dental Society, pauses for a photo with local kids at a dental screening event. A GKAS screening for 2,000 San Francisco children is planned in conjunction with the ADA Annual Session this month. See story, page 14.

Log on for live streaming events at Annual Session

San Francisco—Even those who aren't traveling to the City by the Bay for the ADA Annual Session Oct. 18-21 can still attend selected events and continuing education courses in real time by logging on to ADA.org/ADA365.

Mark your calendar to attend the Opening General Session and Distinguished Speaker Series Oct. 18, beginning at 7:50 a.m. Pacific time

ADA365

(10:50 a.m. Eastern time). The Opening General Session begins with performances from San Francisco's longest running musical variety show, Beach Blanket Babylon.

This special event will also celebrate Dr. Ron Lamb, the 2012 ADA

Humanitarian Award recipient, and Dr. John S. Greenspan, winner of the 2012 Gold Medal Award for Excellence in Dental Research.

Then, distinguished speakers Robert Reich and George F. Will take the podium to discuss the U.S. political climate just weeks before the presidential election.

See *ADA365*, Page 14

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Prevention, collaboration top agenda for U.S. National Oral Health Alliance colloquium

The U.S. National Oral Health Alliance will hold its fourth Leadership Colloquium Nov. 15-16 at the Hyatt Regency New Orleans.

Alliance partners, including the ADA, will pursue a shared understanding about the complexity of issues surrounding metrics and how to drive progress for optimal oral health for all people in the U.S.

Participants are encouraged to share knowledge, experiences, point of view and under-



standing, as well as to draw upon the unifying messages of the first three colloquia that focused on medical and dental collaboration, prevention and public health infrastructure,

and oral health literacy.

The colloquium is free and the Hyatt is offering a special rate for participants who book by Oct. 24.

Visit www.usalliancefororalhealth.org for more information on the colloquium, to register or to learn more about the Alliance and its work.

Reports from the first three colloquia are also available. ■

ADA News CONVENTION DAILY

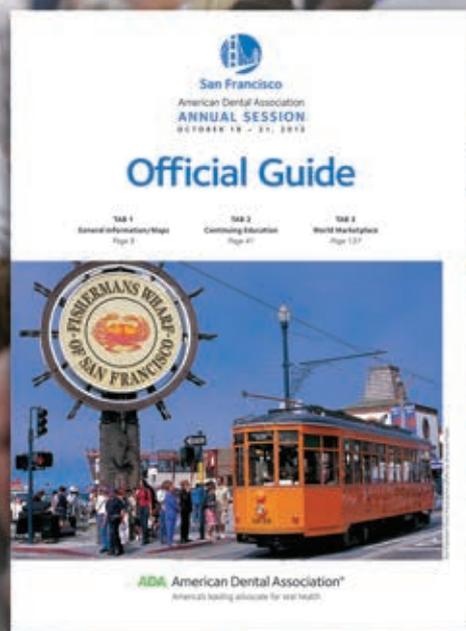
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CDA Cares meets 'tremendous demand'

Sacramento two-day clinic provides \$1.6 million in free dental care

Sacramento, Calif.—The California Dental Association Foundation's CDA Cares program racked up some impressive numbers during its two-day free dental clinic in Sacramento hosted by the CDA Foundation, CDA and America's Dentists Care Foundation.

More than 1,600 volunteers—including 600 dentists, dental hygienists, dental assistants, nurses and lab technicians—provided oral health services and education to more than 2,000 patients in need Aug. 24 and 25.

"The demand for dental care was tremendous, and we are thrilled that CDA Cares was able to provide essential oral health care services to 2,026 people," said Dr. Dan Davidson, CDA president. "I'm saddened by the high number of extractions—many that could have been avoided with preventive care, which reinforces our belief that California needs a state dental director and an appropriate safety net of public oral health programs to improve the oral health of underserved Californians. This is a two-day charity event and should not be mistaken for a delivery system of care—in no way can it replace the state's responsibility for addressing the need."

Dentists and dental professionals provided



Busy clinic: Patients fill every treatment chair at the CDA Cares clinic in Sacramento Aug. 24 at Cal Expo.

cleanings, fillings, extractions, oral health education and assistance in finding a dental home. Each patient also received an oral

health kit that included a toothbrush, toothpaste, dental floss, mouthwash and community resources. Volunteer technicians in the

clinic's dental lab area worked to provide 201 complete and partial dentures.

"In addition to receiving dental services, patients gained a better understanding of basic preventive care and how important it is to maintain their oral health," said Dr. Don Rollofson, chair of the CDA Foundation. "The CDA Foundation aims to improve the oral health of Californians, and at CDA Cares Sacramento we had the privilege of giving back smiles, confidence and dignity that impact many lives."

The Sacramento event was CDA Cares' second free clinic this year. In May, 1,250 volunteers provided 7,200 procedures for 1,650 patients at a CDA Cares clinic in Modesto, donating \$1.2 million in dental services.

The California Dental Association Foundation is planning another CDA Cares event in the Bay Area in early 2013.

Visit cdfoundation.org or the CDA Cares Facebook page (www.facebook.com/cdacares) for information.

America's Dentists Care Foundation will work with state dental societies that invite it to help with an event. For more information about the foundation, visit www.adcfmom.org. ■

Photo courtesy of the California Dental Association Foundation

Fixing teeth and lives at CDA Cares

Dr. Cynthia Brattesani of San Francisco wrote a first-person account of her experience at CDA Cares. She is an ADA Delegate, past chair of the ADA Council on Membership and an active volunteer in her community.

On the two-hour drive home from the CDA Cares event in Sacramento, after 12 hours on my feet along with 1,650 other volunteers and dental professionals, I had time to reflect on how volunteering can be a life-altering experience. My mind raced, filled with the memory of endless lines of people stretching across the Cal Expo parking lot, waiting in the early morning darkness for their chance to get dental care when the doors opened at 5:30 a.m. Some were standing in line from 4 a.m., worried that they would miss their only chance at dental care in years.

Every day in my office, I give patients my full attention and best care possible; but this day was different. This day was about more than fixing teeth; the volunteers at Cal Expo were helping to fix lives.

There is no better way to describe what happened at CDA Cares than by telling about two patients. Linda (patients' names have been changed to protect privacy) had camped out for two days. She was beautiful—until she smiled. At 26 years old, all of her teeth had been destroyed by meth. She told me the horrendous story of her life. She started on drugs at age 13 after her parents abandoned her. To survive on the streets, she used drugs. When she saw that I was interested in her story, she shared the good news that she had been "clean" for 31 days. She said, "I know that this is my next step. I need to fix my smile so that I can get a job."

Even though I was a virtual stranger to her, Linda wanted me to know how impor-

tant this day was in her life. I told her that everyone on her treatment team that day was rooting for her to stay clean and succeed in her goal, not only for herself but for her six children. I hope that my words made a difference, that they would inspire her to keep trying and know that people care about her situation. At CDA Cares, this moment between Linda and me in the triage area had nothing to do with teeth, but everything to do with dentistry. As dentists,



Triage team: Dr. Brattesani, center, confers with Dr. John Pisacane and Dr. Christy Rollofson on Aug. 24.

we sat side by side and talked with people about their emotions, about how they got to where they are now, and why they were desperate to change direction. None felt they could reach their new destination without the dental procedures that they could receive for free that day.

Another patient, Brenda, had piercing green eyes and dark skin. She was swollen and terrified about the possibility of having two teeth extracted. She needed emotional support as I persuaded her to continue with her treatment. Hours later, as I left the Cal Expo, I heard someone yelling, "Doctor!

Doctor!" Brenda had finished getting her extractions and searched for me to thank me for my encouraging words. Through the gauze still in her mouth, she said she felt better already. And you know what? Although I was tired and going home, after I spoke with Brenda, I felt better, too.

After building my dental practice for 23 years, performing dentistry purely for the sake of improving someone's life is exhilarating. Some of that energy gets lost in the everyday aspects of trying to run a business. Yes, I am focused on my patients, but the patients in my office are not dragging themselves out of the depths of despair. At CDA Cares, teeth are the barrier between these patients and a life of purpose. They need their teeth fixed to get a job, feed their family and build self-esteem.

I only got to interact with a few of the 2,026 people who received dental care in those two days, but the day fueled my enthusiasm for volunteering. It may even make me healthier. In a recent article about volunteerism, Steven Post, Ph.D., noted, "Numerous studies have shown that volunteers report increased happiness, better physical health, and lower rates of depression and anxiety." Besides helping others, by volunteering, we also help ourselves.

As I walked into Cal Expo that day, before I even checked in, people were thanking me in advance. I didn't even do anything yet. At the end of the day, I felt like I should thank them for making me feel so important and energized. I know that I will volunteer again because changing even a small part of the world for the better is addicting. Author Tony Robbins summed it up best when he said, "It is not what we get. But who we become, what we contribute ... that gives meaning to our lives." ■

New 2013 coding resources available

Tap into the next generation of documenting dental procedures with the release of CDT 2013: Dental Procedure Codes.

CDT 2013 significantly reflects code changes with 35 new, 37 revised and 11 deleted codes, and seven new or revised service categories and subcategories. The updated coding book standardizes essential information for health providers, electronic health records, patients and insurance companies.

CDT 2013: Dental Procedure Codes (J933) is \$39.95 for members; \$59.95 for nonmembers.

Dental Coding Made Simple: Resource Guide and Training Manual, 2013-2014 helps dentists and their team understand today's coding system. Revised every two years, sections include 151 of common questions/answers; more than 25 coding exercises; an illustrated implant section; and a CE exam with five CE credits.

Dental Coding Made Simple: Resource Guide and Training Manual, 2013-2014 (J443) is \$49.95 for members; \$74.95 for nonmembers.

The best value, CDT 2013/Dental Coding Made Simple Kit (K019) includes both CDT 2013: Dental Procedure Codes (J933) and Dental Coding Made Simple: Resource Guide and Training Manual, 2013-2014 (J443) for only \$75 for members and \$112.50 for nonmembers. Order the kit by Nov. 30 and save an additional \$10 with campaign code 12229.

The 2013 CDT Code Check App is available for the iOS (iPhone, iPad) and Android-powered mobile devices (phones and tablets) for \$19.95 in the Apple iTunes Store and the Android Market. The \$10 discount does not apply to the CDT Code Check App.

For more information, visit ADAcatalog.org or call 1-800-947-4746 to order. ■



ADA task force seeks answers to questions on student debt

BY KAREN FOX

The mounting pressures of dental education debt are leading the ADA to examine the issue more closely.

In response to directives from the 2011 House of Delegates, the Task Force on Dental Education Economics and Student Debt was appointed to study the economics of dental education, including student debt and its impact on new graduates and access to care for vulnerable groups. The task force is in the process of developing a comprehensive analysis of these issues with short- and long-term recommendations. The 2012 House will receive a preliminary report from the task force with a timeline for completion of the study.

“Student debt in itself appears to have far-reaching effects on our profession,” said Dr. W. Ken Rich, ADA 6th District trustee and chair of the task force, which includes members of the Board of Trustees, the Council on Dental Education and Licensure, and the New Dentist Committee.

“It potentially impacts everything from educational models to practice models to the cost of dental care itself,” he said. “Many of the issues we face today such as access to care are being driven to a large extent by economic forces. It is imperative that we understand the forces that shape our future, and hopefully this study will shed light on that.”



Dr. Rich

One thing is clear: the cost of dental education has risen dramatically. According to the American Dental Education Association, the average resident tuition and fees for first-year students at U.S. dental schools rose 57 percent, from \$20,914 in 2000-01 to \$32,934 in 2009-10. 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.

The cost increases mirror what’s happening in all of higher education, but what does it mean for dental education and the profession?

“We believe that it’s having an impact on practice models, and we will attempt to learn more about that through this study,” said Dr. Rich. “We want to know if educational debt affects who can go to dental school; whether it affects dental delivery systems; if graduates are still able to make choices on where they practice after graduation; whether private practice is a viable choice for students with high levels of debt; and whether the corporate practice model is growing because of debt or by choice.”

Right now, the task force is conducting research based on study questions that include:

- What are the operating costs of a dental school, how are the costs financed and how has it changed over time?
- What are the trends in dental student debt and how does it compare to higher education in general?
- What innovations have dental schools pursued to reduce operating costs?
- How many loan forgiveness programs are available to students and how effective are they in reducing debt and improving access?
- What impact does student debt have on graduates’ employment choices?
- What is the role of educational institutions, students, residents and new graduates in the dental safety net and what innovations have happened in recent years?
- What innovations could dental schools do in collaboration with ADEA to reduce student debt?

• What are schools doing to teach debt management in regard to student loans?

The analysis will require data collected from ADEA, the Commission on Dental Accreditation, the American Student Dental Association and the ADA Health Policy Resources Center.

Ben Youel, an ASDA vice president, said the issue of educational debt is “big on ASDA’s radar” right now.

“An argument could be made that this is the most significant issue facing dental students,” said Mr. Youel. “Student debt levels are direct-

ly related to the practice choices we make after graduation and affect other professional issues like access to care and corporate dentistry. It’s a big issue that only seems to have increased in importance in recent years.”

The task force will meet in conjunction with the January 2013 National Roundtable for Dental Collaboration, an annual event that gives dental associations the opportunity to identify and assess common challenges in the delivery of oral health care and work collaboratively to address those challenges. Dr. Richard Valachovic, ADEA

executive director, will chair the program.

The task force’s charges are based on House Resolution 66H-2011, requesting the study of the economics of dental education, and Resolution 91H-2011, which called for an investigation into a student loan repayment grant program for dentists working in a nonprofit community dental clinic. Many programs are already in existence, said Dr. Rich, but more information is needed on their availability and the impact they have on attracting dentists to rural and underserved areas. ■

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GOVERNMENT

WSDA approves alternative to dental midlevel provider

BY CRAIG PALMER

Walla Walla, Wash.—Policy approved by the Washington State Dental Association House of Delegates Sept. 15 to create a supervised dental extender “will allow WSDA to enter the 2013 legislative session with a positive position based on maintaining the integrity of dental practice and safeguarding patient safety,” the House said.

The WSDA House passed “a supervised ex-

tender as an alternative to the dental midlevel provider legislation we have fought against in Olympia during the last two legislative sessions,” Dr. Danny Warner, WSDA president, said in a letter to members explaining the new policy.

The House approved HD-13-2012 by a 58-20 margin with one abstention as a response to “this campaign for dental therapists” and with the stated intent of deterring legislation

for new oral health workforce models. The legislation would expand the scope of practice of expanded function dental auxiliaries and create advanced function dental auxiliaries limited to working in federally qualified health centers.

The legislation also must meet core principles “defined and reaffirmed by the House of Delegates and other parameters articulated in this resolution.”

“After two consecutive years with dental therapist legislation and growing support among legislators and advocacy groups, the odds of having some sort of dental midlevel provider established in Washington state have moved from possible to almost inevitable,” said the HD-13-2012 background statement.

In the board resolution offered to the House of Delegates, the WSDA Board of Directors “acknowledges that this is a controversial measure but remains convinced that without an alternative proposal, dentistry’s legislative position will be ineffective and will suffer an unwelcome outcome. If approved, this resolution will allow WSDA to enter the 2013 legislative session with a positive position based on maintaining the integrity of dental practice and safeguarding patient safety.”

“Support for dental midlevel provider legislation continues to grow and includes the support of influential legislators, national foundations, hygienists, outside advocacy groups, and others,” the statement said.

“Defeating dental midlevel legislation for two consecutive years proves the effectiveness of organized dentistry; however midlevel provider supporters are planning to introduce new legislation in 2013.”

WSDA “worked with legislators” in 2011 and 2012 to defeat dental therapist legislation, the statement said.

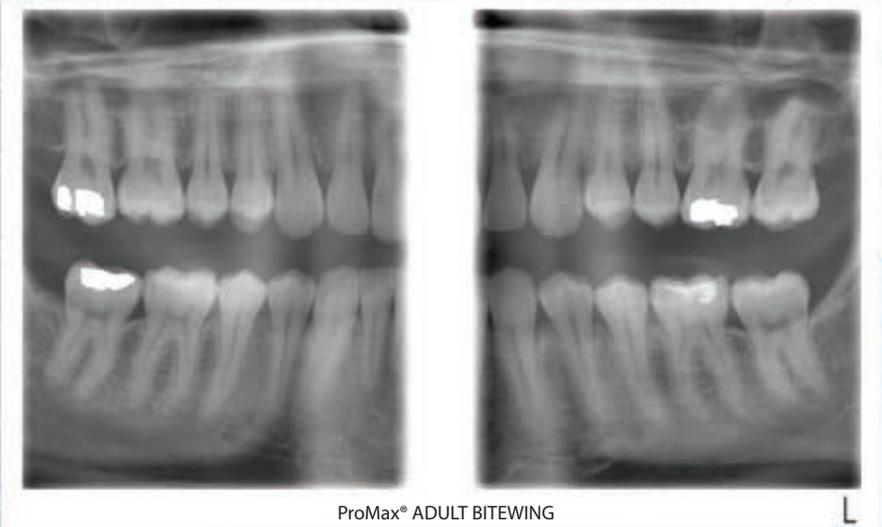
Log on to www.ada.org/news/7620.aspx for links to the letter sent to WSDA members and a chart comparing the differences between 2012 midlevel legislation and HD-13-2012. ■

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WHAT IF

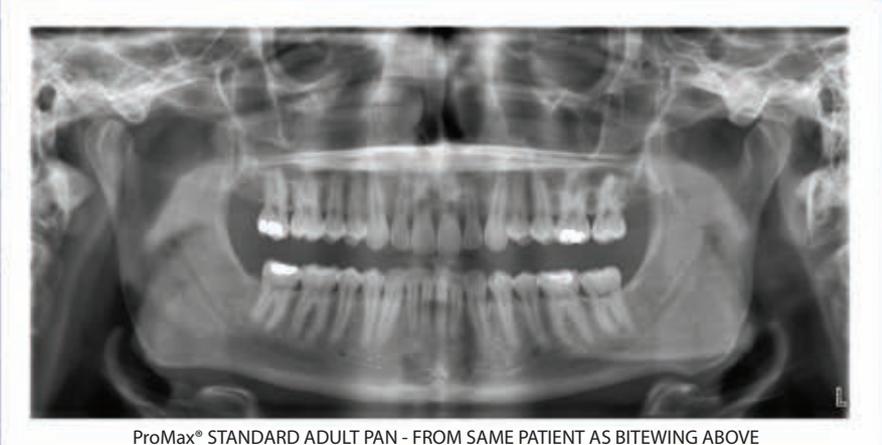
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Ad Council

Continued from Page 1

“The Ad Council campaign is a huge step toward the ADA realizing the dream of education being used as a major component in combating dental disease,” said Dr. William R. Calnon, ADA president. “The Association has been able to articulate its vision of education and prevention as the true linchpins for improving oral care in populations in this country. No one group alone can be successful in achieving what collectively the partners involved in this campaign have been able to do.”

Created pro bono by ad agencies Grey Group and Wing in New York, the new Kids’ Healthy Mouths public service campaign is aimed at parents and caregivers throughout the U.S., particularly low-income families, and stresses the importance of brushing for two minutes twice a day. For more information, visit the campaign website and MouthHealthy.org.

The English and Spanish-language TV, radio, print, outdoor and digital PSAs poke fun at the inane things children spend time doing and highlight that it takes only two minutes, twice a day to brush and help maintain a healthy mouth and prevent future oral pain.

The American Dental Association is one of more than 35 leading dental organizations in The Partnership for Healthy Mouths, Healthy Lives. Meet the partners at HealthyMouthsHealthyLives.org. ■

—palmerc@ada.org

Prescription

Continued from Page 1

prescribing,” Dr. Calnon and Dr. Kathleen O’Loughlin, ADA executive director, said in a related letter to constituent and component dental societies. “The content includes tips about cautious opioid prescribing and counseling parents about proper at-home storage and disposal of unused medications. Dentists can also learn how to recognize signs that a patient may be seeking opioid medications for nonmedical purposes and what to do when that occurs.

“We hope you will consider sharing these resources with our tripartite members and, especially, urge them to talk with their patients about how to safely secure and dispose of unused pharmaceuticals.”

Continuing education opportunities

The Association partnered with five other health professional organizations to provide free, easily accessible, evidence-based training on the safe and appropriate prescribing of opioids, along with a peer support network to help prescribers engage in safe opioid prescribing. Dentists can obtain continuing education credits by completing webinars offered through the Prescribers’ Clinical Support System for Opioid Therapies.

CE no-fee courses at ADA’s 2012 Annual Session in San Francisco will include Management of the Chemically Dependent Patient Oct. 18 and Clues to Your Patients’ Health: The Most Commonly Prescribed Physician-Prescribed Medications Oct. 21. Related courses are scheduled for ADA’s Sept. 19-20, 2013 Dentist Health and Wellness Conference.

“Drug-seeking behavior has changed dramatically in recent years,” said Dr. Calnon. “For that reason, we are also urging dentists to refresh their knowledge about opioid prescribing in the context of modern-day drug seeking behavior.”

Drug Take-Back Day

The Association partnered with the Drug Enforcement Administration to promote DEA’s fifth National Prescription Drug Take-

Back Day for safe disposal of unused, unwanted and expired medications at participating collection sites throughout the country.

“Dentists are well positioned to educate parents about how to prevent teen prescription drug abuse,” the Association said in a letter to DEA Administrator Michele Leonhart. “Over two-thirds of Americans visit a dentist at least once a year. Dentists can use those visits to educate parents how to properly secure and dispose of unused pharmaceuticals and recognize signs of abuse in their children. This is especially true of dentists who prescribe medications to manage post-operative pain.”

Dentists must register with the Drug Enforcement Administration for authorization to prescribe controlled substances.

Medicine Abuse Project

The Association offered “strong support” for the Partnership for DrugFree.org’s Medicine Abuse Project, a multi-year educational effort to raise awareness about the dangers of medicine abuse.

Prescription medicines are now the most commonly abused drugs among 12- and 13-year-olds and are second to marijuana among young adults, according to 2010 data from the Substance Abuse and Mental Health Services Administration. Studies indicate these drugs often are obtained from a friend, family member or the home medicine cabinet.

“When used as prescribed, narcotic pain medications are safe and effective at minimizing post-operative pain,” Dr. Calnon said.

“But using them for any other purpose is illegal, dangerous and can even be fatal.” The ADA encourages patients or their caregivers to visit the Medicine Abuse Project website (medicineabuseproject.org) to learn more about how to prevent medication abuse.

Association resources

The Association offers additional information for patients at MouthHealthy.org and for professionals at www.ada.org/7541.aspx. An ADA policy statement (www.ada.org/7578.aspx) encourages continuing education about the appropriate use of opioid pain medications to promote responsible prescribing practices and limit instances of abuse and diversion. ■

—palmerc@ada.org

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Celebrate GKAS at Oct. 22 Gala

San Francisco—The ADA Foundation Give Kids A Smile 10th Anniversary Gala is Monday, Oct. 22 from 7 p.m.-11:30 p.m. at the Marriott Marquis in San Francisco.

The ADA Foundation would like to thank individual supporters and industry friends for their generous contributions, including:

Benefactor, Henry Schein; Patrons, the American Academy of Periodontology, AXA Equitable Life Insurance Co., CareCredit, Colgate, DENTSPLY, and Great-West Life &



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Each ticket is \$250, of which \$100 is a tax-deductible charitable contribution to the ADA Foundation. Tickets may be purchased on-site at the Annual Session by visiting the ADA Convention Services Office located at the Marriott Marquis San Francisco in Golden Gate A beginning on Thursday, Oct. 18.

For more information, call the ADA Foundation at 1-312-440-2547. ■

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‡Compared to Crest® fluoride toothpaste and rinsing with water in a laboratory study.

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Dentists concerned about economic recovery

BY KELLY SODERLUND

Dentists remain concerned about the economic conditions in their practices.

This is according to third quarter results from the ADA's Dentists' Economic Confidence survey, conducted by the Association's Health Policy Resources Center. The HPRC collected responses from more than 1,600 dentists, who were asked to indicate their feelings about net income, gross billings, appointment times, treat-

ment acceptance rates, overall economic conditions and plans to hire new staff in their offices.

Based on survey results, the HPRC creates two indices of economic confidence on a scale from -100 to 100. The index scores reflected an overall picture of dentists' confidence in various sectors both today and six months from now. A score of 100 would be achieved if no negative responses were received, while a score of -100 would be the result of no positive responses.

Economic perceptions

Dentists indicated how they felt about specific aspects of their practice now and how they anticipated they would feel six months from now.

	Today			Six months from now		
	Positive	Neutral	Negative	Positive	Neutral	Negative
Overall economic conditions in dental office	23.8%	33.2%	42.9%	28.4%	38.1%	33.5%
Net income	25.9%	31.2%	42.9%	28.2%	36.4%	33.4%
Gross billings	27.3%	33.0%	39.7%	28.6%	37.7%	33.7%
Treatment acceptance rates	23.6%	38.1%	38.3%	25.8%	42.7%	31.5%
Open appointment times	19.7%	29.1%	51.2%	23.8%	40.4%	35.8%

Source: American Dental Association, Health Policy Resources Center, *Dentists' Economic Confidence, Third Quarter of 2012.*

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- Carmella Fanelle, D.D.S.

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- Jacy Robling, D.D.S.

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- R. Todd Erickson, D.D.S.

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In the third quarter, dentists' responses created an index score of -28, a drop of 11 points from the second quarter. Confidence for the future, six months from when surveyed, was scored at -12, a decrease of 15 points from the second quarter.

Dr. Jeffrey Cole, member of the Council on Dental Practice's Subcommittee on Economic Issues, joins HPRC staff members and outside experts on the dental economy who have said dentistry is experiencing a downturn independent of the one the country as a whole has felt. The recession has exacerbated what was already happening in the dental industry.

"It seems that this survey confirms what dental economists have been suggesting; there are negative economic trends in dentistry, which seem to be independent of the recent economic downturn. We see a decrease in confidence when looking at areas such as the number of patient visits and dentists' incomes. These are the same areas that have been identified as trending downward, according to recent research findings, even in years prior to the economic downturn," Dr. Cole said. "This suggests that even when the economy makes a full recovery, we have to be cognizant of the fact that not all identifiers related to dental practice economics, which have been trending downward, will reverse themselves in the same manner as the overall economy. Practicing dentists need to plan accordingly."

Among some of the survey findings:

- The aspect of dental practice viewed most negatively by respondents was open appointment times. More than half felt negatively about open appointment times today and nearly 36 percent felt negatively when thinking about open appointment times six months ahead.

- The biggest change between second and third quarter survey results was in perception of treatment acceptance rates. More than 38 percent reported a negative response in the third quarter, an increase from the nearly 33 percent in the second quarter.

- Younger dentists felt more optimistic than older dentists. More than 38 percent of dentists under 35 felt positively about their net income today and more than 46 percent felt positive about it six months out. Nineteen percent of dentists 65 and older felt positively about their net income today and nearly 23 percent felt positive six months in the future.

Member dentists can download the full report free at www.ada.org/fireereports. Others can purchase an electronic version of the report (DECS3-2012D) on adacatalog.org for \$50.

A course at Annual Session promises to 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. Oct. 18. There is no fee for the course, and participants are eligible to receive 2.5 continuing education units. ■

—soderlundk@ada.org

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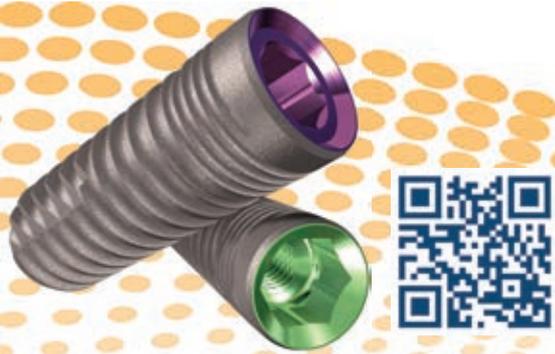


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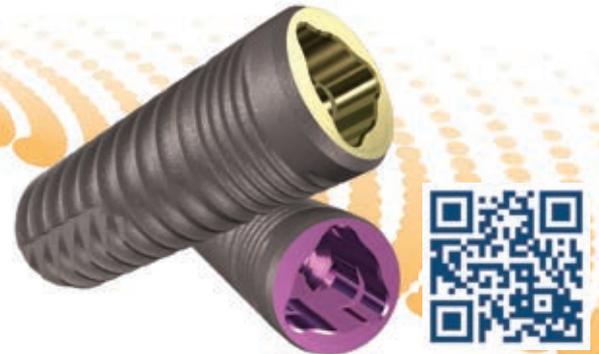
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2012 ADA Health Screening Program

Here's an opportunity you don't want to miss!



Participation in the ADA Health Screening Program qualifies the participant for one free continuing education credit.

This year's Health Screening Program (HSP) gives you an opportunity to contribute to research into the health and safety of the dental team and to receive personal health screening results. Additional popular medical screenings will be available for a small fee. Participation is limited to individuals who register for the Annual Session as dentists, hygienists or chairside assistants.

The Health Screening Program has been a popular Annual Session event since 1964, helping dentists monitor their own health while promoting the health and safety of the dental team and patients.

Participation is by appointment only on October 18-20 from 7 a.m.-11:30 a.m. Walk-in participation is available to dentists, hygienists and chairside assistants on October 18-20 from Noon-3 p.m.

Location: Moscone South, Exhibit Level, Room 104

Thursday, October 18

Appointments: 7 a.m.-11:30 a.m.

Walk-ins: Noon-3 p.m.

Friday, October 19

Appointments: 7 a.m.-11:30 a.m.

Walk-ins: Noon-3 p.m.

Saturday, October 20

Appointments: 7 a.m.-11:30 a.m.

Walk-ins: Noon-3 p.m.

Did you know?

- More than 60,000 dental professionals have participated in the HSP to date, creating one of the largest databases of information on the health of the dental team.
- Researchers have published more than 50 articles in peer-reviewed journals since 1975 using data obtained from the HSP, leading to significant improvements in the health and safety of the dental team members and the patients they serve.
- The HSP identified hepatitis B as an occupational hazard for the dental team and showed the effectiveness of the HBV vaccine in preventing disease transmission.
- HSP data demonstrated that HSP dentists' HCV and HIV seroprevalences are below the levels of the general population even without the benefit of an effective vaccine.
- HSP dentists' urinary mercury levels are now at or below the general population levels.
- The HSP provided feedback to manufacturers of latex-containing products to help reduce exposure of the dental team to this potential allergen.
- The HSP is moving in exciting new directions, including educating dentists about new technologies that offer opportunities to serve patients by conducting certain medical screenings in the dental office.

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'JADA Live' debuts in three cities

BY KELLY SODERLUND

Oak Brook, Ill.—The Journal of the American Dental Association, which celebrates its 100th birthday next year, has expanded over the years from a print-only publication to a multiplatform learning experience, accessible on your computer or even your smartphone.

And now comes "JADA Live," an educational in-person seminar that presents the kind of science-based knowledge and information JADA readers expect. Three cities—Dallas, Oak Brook, Ill., and Philadelphia—played host to JADA Live, a series of continuing education seminars presenting information on hot topics in dentistry.

"Live meetings and reading journals are the two most preferred learning methods for dentists," said Michael Springer, managing vice president for publishing at the ADA and publisher of JADA. "With the JADA Live program we are able to offer both in one neat, convenient package."

The headline for the Oak Brook event, held Sept. 21 at the Chicago Oak Brook Hills Marriott Resort, was Dentistry in the Digital Age: Unlock Your Practice Potential. And who better to kick off a technology-filled day than Dr. Edward J. Zuckerberg, a national lecturer on technology, practice marketing and social media for the dental practice? He's Facebook founder and CEO Mark Zuckerberg's father.

"You know, there was a time when I was just known for me, not just as Mark's dad," Dr. Zuckerberg joked to the crowd of more than 150 dentists. "I've been on the scene for awhile."

He discussed the importance of having networked computers in the dental office, a computerized practice management system, a website promoting the practice and an email account. "I don't care how much of a dinosaur you are, you need these things in your practice," Dr. Zuckerberg said.

The Dobbs Ferry, N.Y.-based dentist was an early adopter of technology, computerizing his office in 1984, using digital radiographs since 1997 and working paperless since 2005. Despite his familial affiliation with Facebook, Dr. Zuckerberg is a huge advocate for dentists using the so-



Full house: More than 150 people attended the JADA Live seminar in Oak Brook, Ill., on Sept. 21.

cial networking website to market their practice.

He provided the audience with a brief tutorial on how to set up a Facebook page and how to create and purchase an ad for a dental practice. Dr. Zuckerberg even gave the crowd an online code that would give them \$50 for advertising on Facebook, courtesy of the company.

The digital theme didn't stop with Dr. Zuckerberg's keynote address. Each of the breakout sessions offered attendees information on how to digitize their practice and insight into digital radiography and cone beam 3-D.

Dr. John B. Ludlow, who will join the ADA Council on Scientific Affairs in November, is a professor in the radiology section of the Department of Diagnostic Sciences and General Dentistry at the University of North Carolina School of Dentistry. Dr. Ludlow led a breakout session in which he discussed his role as a consultant on the August JADA article presenting an ADA report with recommendations for the safe use of cone-beam computed tomography in dental practice. This imaging method provides three-dimensional detail of oral and maxillofacial structures, which can help clinicians provide improved treatment and lead to better patient outcomes.

The council is in the process of revising its se-

lection criteria guidelines for using radiographs. The ADA has stated that dentists should apply the ALARA principle (As Low As Reasonably Achievable) to reduce radiation exposure to their patients by determining the need for and type of radiographs to take; using best practices during imaging, including the application of quality control procedures; and interpreting the images completely and accurately.

Dr. Ludlow re-emphasized the ADA position and the importance of balancing the risk of the exam versus the benefit of conducting it. He said it's also important for dentists to reassure patients by providing perspective on

the amount of radiation they will be exposed to. He noted that many patients equate radiation exposure to disasters such as the meltdown at the Fukushima Daiichi Nuclear Power Plant in Japan last year, when in reality the amount is microscopic. "You can help patients by being well-informed," Dr. Ludlow said.

Being well-informed is not only an asset for communicating with your patients but for determining how to incorporate technology into your dental practice, according to Dr. Lou Shuman, president of Pride Institute, a practice management consulting firm. Dr. Shuman presented Making Every Technology Purchase Count during a breakout session and outlined what he believes dentists should do before moving in one technological direction or the other.

The most important thing is for the dentist to act as the leader of his or her practice and be the authority on where the office will go in the technological sphere.

"You establish the culture and you are the coach," Dr. Shuman said. "If you have the right culture, it's amazing what you can do."

Dr. Shuman showed an example of a calculator that determines return on investment in any particular technology. It quantifies the purchase and shows how and when dentists might see a financial return on their initial investment.

Dentists who attended the JADA Live events were eligible to receive up to seven hours of continuing education credit.

"We're delighted to be able to engage with JADA's readers in a live format and to bring them information that is timely and relevant to their practices," Mr. Springer said. ■

—soderlundk@ada.org

Zombies: 'coolest alternatives to sugary snacks'

BY KAREN FOX

Stop Zombie Mouth is digging in for Halloween.

The oral health initiative and partnership between the ADA and PopCap Games, makers of the family-friendly video game Plants vs. Zombies, continues through the end of October—culminating with Halloween. Stop Zombie Mouth trading cards and coupons redeemable for free copies of Plants vs. Zombies can be given away to trick-or-treaters as a tooth-friendly alternative to candy.

Several new features were added to the Stopzombiemouth.com website in September, and the campaign received kudos from a consumer watchdog group.

"The ADA and PopCap Games have come up with a fun, clever and compelling approach that should appeal to young trick-or-treaters this Halloween," said Margo Wootan, director of nutrition policy at the Center for Science in the Public Interest. "This campaign will help children recognize the relationship between healthy eating and healthy teeth, and provide one of the



coolest alternatives to sugary snacks yet."

New content on the website includes Halloween decorations and kids' activity pages, a music video, fun facts and more. Links to MouthHealthy.org, the ADA's consumer website, and ADA Find-a-Dentist are also on the site.

A limited run of 1 million packs of trading cards featuring characters from Plants vs. Zombies and new ones developed for the campaign are being distributed via participating dentists. Each card pack includes a coupon redeemable for a free copy of full PC/Mac edition of Plants vs. Zombies. Game coupons can also be downloaded for free from www.stopzombiemouth.com. In addition, 10 different rare trading cards have been randomly included among the 5 million total cards, and there are two mystery puzzles that can be built with specific subsets of the cards.

There are 50 sets of cards in a box, which are free to ADA members and can be ordered at www.adacatalog.org. (A nominal shipping charge is applied.) ■

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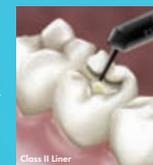
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ANNUAL SESSION

Giving San Francisco kids a smile

BY KELLY SODERLUND

San Francisco—The City by the Bay will have some brighter smiles next month.

As part of its Give Kids A Smile initiative, the ADA is collaborating with a number of different agencies and corporations to provide free oral health education and screenings for nearly 2,000 children Oct. 15-17. Two elementary schools and the San Francisco General Hospital Women, Infants and Children program will host the events, which will precede the ADA's Annual Session.

The screenings are a collaboration between the ADA; Colgate's Bright Smiles, Bright Futures; the National Children's Oral Health Foundation; Sesame Workshop, the nonprofit company behind Sesame Street; the San Francisco Department of Public Health; and the San Francisco Dental Society. The SFDS already has an extensive program in place that screens every kindergartner in the San Francisco Public Schools.

"We're really happy that the ADA approached us to try and help us develop a screening education event that dovetails with what we do here in the city already," said Dr. Jeffrey Jang, chair of community dental



Fun to brush: Dr. Jeffrey Jang teaches San Francisco children how to brush at a previous screening event.

health for the SFDS. "I think it's a great event because it has to do with dental education and dental awareness among the children, parents and the whole community. But it's also putting organized dentistry out into the forefront and letting the public know that the San Francisco Dental Society and the ADA and the California Dental Association are the

leaders of dental education."

On Oct. 15, volunteers will be on hand at Gordon J. Lau Elementary School, which has a primarily Chinese American population of around 730 students. ADA dignitaries, including President William Calnon, President-elect Robert Faiella and Executive Director Kathleen O'Loughlin, will visit E.R. Taylor Elementary School, which

also has a primarily Chinese American population of around 790 students, on Oct. 16.

At each of the schools, every student will receive oral health education, and pre-kindergarten, kindergarten, second- and fifth-graders will be screened. Every child will also take home a backpack with a toothbrush and toothpaste donated by Colgate.

The backpack will also contain a Sesame Street DVD featuring Elmo, Abby Cadabby and families modeling healthy behavior, activity sheets for the children and tips for parents. The Sesame Street kit is in both English and Spanish, and the parent tip sheet has been translated into Chinese, said Cynthia Barron, senior project director for educational outreach for Sesame Workshop.

Abby Cadabby will visit San Francisco General Hospital on Oct. 17, where 150-200 families will receive oral education, screenings, fluoride varnish (if applicable) and other treatment as needed through the WIC program. WIC provides federal grants to states for nutrition education and health care referrals.

Representatives from the Native American Health Center will also be available on Oct. 17 to provide treatment for children who qualify.

Through the ADA's Give Kids A Smile program, more than 400,000 underserved children nationwide receive free dental services. GKAS events take place across the country all year but the program is recognized nationally on the first Friday in February. This year marks the 10th anniversary of the program. ■

—soderlundk@ada.org

Brazilian dentist to present course

San Francisco—Dr. Meire Abramoff, the winner of the annual scientific contest at the Congresso Internacional de Odontologia de São Paulo in São Paulo, Brazil, will showcase her presentation at the ADA Annual Session Oct. 20.

Dr. Abramoff will present the free course, New Perspectives on the Use of Lasers in Oncologic Patients (course 7310), Oct. 20, 8-9:30 a.m. at the Moscone Center.

Dr. Abramoff, a periodontist, is laser certified by the Brazilian Federal Council of Dentistry, has a master's degree in health science from the graduate program of plastic surgery at the Universidade Federal de São Paulo and is a scientific collaborator in the Research and Educational Center for Photo Therapy in Health Science.

Dr. Abramoff will provide a basic understanding of low level laser therapy, discuss

laser therapy use to treat chemotherapy-induced oral mucositis in cancer patients and establish a new perspective on the use of low level laser therapy in bone that has had radiotherapy.

This course is sponsored by the ADA and the São Paulo Dental Association, and facilitated by the ADA Division of Global Affairs. To register, log on to ada.org/session.

For more details about other international events and services at Annual Session, call toll-free, Ext. 2726. ■



Dr. Abramoff

Still time to plan a trip to Annual Session

Day-trippers can take advantage of CE, shopping, networking opportunities in San Francisco

San Francisco—The ADA Annual Session is just days away, but it's not too late to plan a quick trip to the Bay area.

Registration and course fees are still affordable and there are still many free continuing education choices available. Just allow some extra time to pick up registration materials on-site at the Moscone Center.

On-site registrants can plan to take advantage of ADA-exclusive events and services, including:

- learn with unique CE opportunities like Education in the Round live-patient courses, hands-on cadaver workshops and free Preventive Equipment Maintenance Zone courses;

- shop at ADA World Marketplace, where more than 600 exhibitors will showcase the latest products and services, and take advantage of free CE in the ADA CE Hub featuring learn-

ing opportunities at the Laser Pavilion, the 3-D Imaging Center, the Pride Institute Technology Expo and the CAD/CAM stage and more;

- attend the Opening General Session and Distinguished Speaker Series Oct. 18, beginning at 7:50 a.m., featuring Robert Reich and George F. Will;

- take care of their well-being by participating in the ADA Health Screening Program Oct. 18-20 (walk-in hours are noon-3 p.m. each day);

- celebrate a decade of GKAS by attending the ADA Foundation Give Kids A Smile 10th Anniversary Gala Oct. 22, 7-11:30 p.m., at the Marriott Marquis San Francisco, Yerba Buena Ballroom. To purchase tickets, contact the ADA Foundation toll free, Ext. 2544.

For more details, visit ADA.org/session. ■



New products get Annual Session spotlight

San Francisco—Visit the ADA World Marketplace Oct. 19 and 20 to hear about the latest advances in dentistry at the Annual Session Product Showcase.

Visitors can attend 30-minute presentations by participating dental companies on their latest products and enter to win a tablet computer.

Programs will be presented by AirTechniques, Oct. 19, 11:30 a.m.-noon; LuxarCare, Oct. 19, 12:15-12:45 p.m.; Quality Systems, Oct. 19, 1-1:30 p.m.; Philips Sonicare and ZOOM, Oct. 20, 11:30 a.m.-noon; and Quadex Pharmaceuticals, Oct. 20, 1-1:30 p.m. ■

ADA365

Continued from Page 1

"It's an honor to have these two distinguished speakers debate national politics less than three weeks before the 2012 elections," said Dr. Kent Percy, general chair, Council on ADA Sessions. "Their ideas on which party should lead the nation and why generally are on opposing sides of the question, so attendees can expect a lively discussion."

After Mr. Reich and Mr. Will make their introductory remarks, they will sit down with ADA leaders for a candid Q & A session at this Annual Session special event.

Virtual Annual Session-goers can also log on to attend six live-patient Education in the Round courses and will be able to ask speakers

questions using a live chat function. Courses include:

- Class II Resins Can Be Simple and Fast, by Dr. Gordon Christensen (course 5401, Oct. 18, 10 a.m.-1 p.m. PST);

- Live-Patient Demonstration of Immediate Lower Denture Stabilization Using Mini Dental Implants, by Dr. Raymon Choi (course 5402, Oct. 18, 2-5 p.m. PST);

- Soft-Tissue Surgery for Augmentation of Keratinized Gingiva, by Dr. Jon B. Suzuki (course 6401, Oct. 19, 8:30-11:30 a.m. PST);

- User-Friendly Techniques for Automatic Extraction of Teeth and Socket Grafting, by Dr. Lee H. Silverstein (course 6402, Oct. 19, 2-5 p.m. PST);

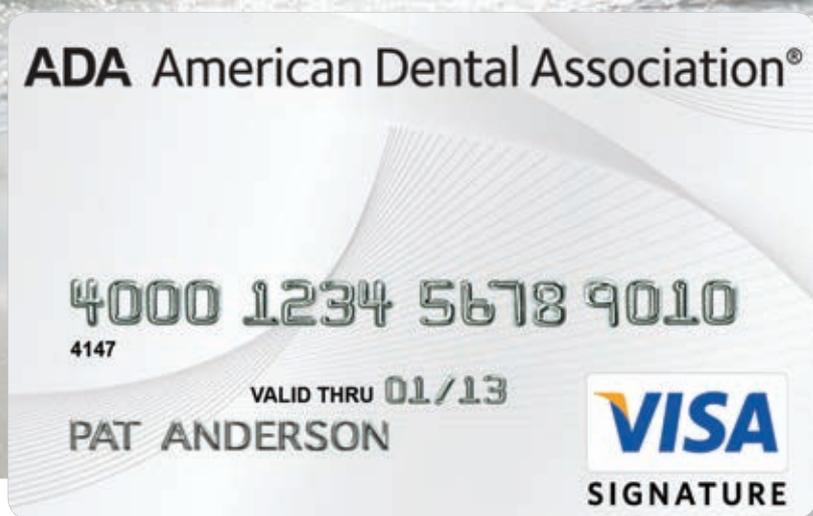
- Examination, Diagnosis and Treatment of the Restorative-TMD Patient, by Dr. James McKee (course 7401, Oct. 20, 8:30-

11:30 a.m. PST);

- Lasers in the Dental Practice—A Live-Patient Demonstration, by Drs. Charles Hoopingarner, David Roshkind and Donald Coluzzi (course 7402, Oct. 20, 2-5 p.m. PST).

This year's Open Clinical and Science Forums, Screening for Medical Conditions in the Dental Office (course 5370, Oct. 18, 2:30-4 p.m. PST) and Medication-Associated Osteonecrosis of the Jaws (course 6370, Oct. 19, 8:30-10 a.m. PST) will also be streamed live.

Other ADA365 presentations from Annual Session include a guided tour of the ADA CE Hub, live panel discussions from women dentists, new dentists and dental students and more. Up to 35 hours of content will also be available for viewing after Annual Session for those who want to see a course or event they missed or to review one they attended. ■



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A conversation with the president-elect

‘The work is never completed in advocacy’

Editor’s note: This is the second part of a conversation about the issues facing the profession with Dr. Robert A. Faiella, ADA president-elect, who will take office Oct. 23 during Annual Session in San Francisco. Part 1 was printed in the Sept. 17 ADA News. ADA News Editor Judy Jakush interviewed Dr. Faiella.

ADA News: The Board of Trustees approved the formation of the new Code Advisory Committee to handle maintenance, changes and deletions to the Code on Procedures and Nomenclature. This replaces the Code Revision Committee. How do you define the CAC’s role for the profession?

Dr. Faiella: To provide some historical context, initially the Code Revision Committee was created through the ADA-Delta settlement agreement approximately 10 years ago. That agreement has moved into an expiration phase, but we still need to maintain the Code, especially with the technological changes in the current electronic transmissions environment. With the development of the Code Advisory Committee, the Council on Dental Benefit Programs is taking the responsibility for maintenance of the Code, in which a greater number of stakeholders will now be involved in an open, transparent process. They will vote by simple majority whether to accept new codes, modify existing codes or delete outdated or redundant codes. The Code may expand to include procedural, diagnostic and administrative codes. It must be granular enough to capture the workflow in the office for the electronic record, but also must be basic enough to allow for reporting out for adjudication of insurance claims. These are two separate, but related, uses. For the patient health record, you need input codes for all that you do; but for payment, you only need to report out a single procedure code, and not every step you took to perform it. The procedural codes needed for insurance submissions are a small subset of the larger code needed to capture what dentists do in providing care.

The CAC is a 21-member voting body with representation from a wide range of dental stakeholders. As was the case under the former code revision process, the CAC actively engages the payer community to help us maintain the code. The major difference is that the new process will provide for the dental community with a better way to make the appropriate recommendations consistent with developing codes for the electronic health record in dentistry. It’s really important for dentists to understand that the CAC’s mission is to make the Code reflect what we do in the office, but also to keep it relevant for the adjudication of claims. It is a very complex topic within the Bylaws responsibility of CDBP, and the council has embraced it. CDBP’s continued work on the Code is reflected in the latest release, CDT 2013: Dental Procedure Codes.

ADA News: You’ve taken a lead role in helping the ADA develop standards for electronic health records, providing education about what’s coming and advocating for the profession within the process. What’s the status of this transition? Do you think dentists are ready to move from paper to electronic? Do you think even those who aren’t required to move to an EHR system by 2014 will do so anyway?

Dr. Faiella: People concerned about



Dr. Faiella: “We know that advocacy is the No. 1 reason members cite for being a member of the Association. Our Washington Office is working very hard in a difficult political environment, particularly with an election coming. They have been successful in achieving many of our goals, but other goals are a little more elusive in this environment.”

moving to an EHR are already doing many of their business transactions through an electronic environment. This is usually through their practice management software, which submits claims electronically with attachments for adjudication. The question is whether dentists can find certified electronic record systems that meet the needs in their practices. As for the EHR, the first point is that it is clearly the way of the future. For some in the baby boom generation, it can be a struggle to transition from paper to electronic transactions. But if you ask the new generation of dentists, they cannot imagine doing it another way. We know that the adoption of technology changes from generation to generation, and that will drive the transition to a paperless environment.

The second point is related to interoperability, which few understand. Right now, you can buy an electronic health record system as a standalone product. You capture the data, but another system can’t read it because the information fields don’t match between systems. Someday, with the work we are doing on the development of standards, they will.

Some people may think an electronic record is merely an electronic PDF of a paper file. That’s not it. A true electronic record means that fields match up from one record to another. Consider the field for patient marital status. In some software programs marital status is given as married/not married; in some it’s married, separated, divorced or single. That’s two choices in one program, and four in another. If I transfer a record to you, how do you map that and set parameters that allow for accurate communication of information? Field mapping can get very complicated. It has to be standardized to work.

For the EHR, it is not going to be one finish line for every area in medicine and dentistry in 2014. There will be sectors like hospitals and ambulatory centers, and certain government program providers, like Medicare, that will be required to hit that goal first. Eventually dentistry will be part of it, but we don’t know exactly when that is: there is no deadline for EHR implementation in dentistry at this time. Along the way we are making sure we are involved in the certification of compliant systems, developing standards specific to dentistry, educating our members as the process moves along, and keeping liaison rela-

tionships with other standards organizations so we have input as things develop. Certification is an important piece, and assures the standard will lead to interoperability. We have a dentist on the Certification Commission for Health Information Technology for the first time ever. We are working with the Office of the National Coordinator in Washington to advocate for dentistry in the EHR development process, which is still evolving.

ADA News: Third-party payers like Delta Dental continue to cut reimbursement fees for dentists in various states. What is the ADA’s role in these situations? As Delta says, are the cuts simply just another reflection of the economy?

Dr. Faiella: Our role in third-party issues is through the Council on Dental Benefit Programs and its Dental Benefit Information Service. The ADA has no direct control over third-party policy decisions. We can only engage them in dialogue, monitor what they are doing and inform our members on matters related to third-party issues. Each dentist has to look at his or her relationship with third parties individually. Federal law restricts our ability to negotiate or act on behalf of our members in this regard. We cannot give dentists advice on how to react, but we can keep them informed about how we communicate with insurers, and hopefully our continued communication with third parties on behalf of our members can result in favorable changes.

ADA News: What other third-party payer issues are on the forefront for members?

Dr. Faiella: The legislative challenge to the noncovered services issue started in Rhode Island, which was the first state to pass a law prohibiting a cap on noncovered services. Basically, it prevents capping by any insurance plan. Twenty-eight states now have legislation preventing capping of fees of noncovered services. That is a huge achievement on this issue. And there are more states with similar, pending legislation. Obviously this is a state-based issue, and the wording of the proposed legislation varies by state. Our Department of State Government Affairs provides advice and shares information about what other states are doing. This is an important benefit for our members and the state

dental societies trying to achieve legislative traction on this and other state-based issues.

ADA News: The ADA’s GKAS program has reached the milestone of a decade of providing education and messaging about the importance of dental care and a dental home, as well as advocating with policymakers for better access to care for all. How do you see the program moving ahead? Does it need some retooling or redirection? Are there ways to measure the impact it has had on the profession and on access to care for patients? How will the recent collaboration with NASCAR open new avenues for GKAS, from bringing dental care and messages to kids and families in need to drawing more attention from policymakers?

Dr. Faiella: GKAS started as a local program by Dr. Jeff Dalin in St. Louis, whom I met when I went to the GKAS event in Virginia earlier this year. It provides a white-hot spotlight on the needs of a very vulnerable children’s population for oral health services. It is astonishing that we have 16 million children in the U.S. with untreated caries, and 80 percent of untreated caries is in 25 percent of the children. That’s an incredible statistic. According to the U.S. surgeon general’s report on oral health, it accounts for 51 million hours of lost school time. But charity alone is not a solution, so obviously we need to hold these events to continue to drive home the importance of oral health to policymakers and legislators so they can see what a difference it makes when you remove the barriers to access to care in these vulnerable children.

The ADA took the local St. Louis program national in 2003, which leads us to the ADA’s 10th GKAS anniversary. It’s tremendous the way it has evolved to include NASCAR through 3M ESPE’s relationship with them, which brings even a greater spotlight on the effort. We are happy to be partnered with 3M ESPE, NASCAR and Henry Schein and to work with Greg Biffle and the No. 16 car. We appreciate how having these partners come together brings more attention to oral health.

ADA News: The ADA Foundation has been fast evolving in the past few years. Has its role changed? What message do you want to convey about the role of the ADAF to members?

Dr. Faiella: After restructuring ADAF to make it the truly independent charitable arm of our Association, the Foundation has been evolving. From the leadership of Dr. Arthur Dugoni, who did a tremendous job, through that of the current president Dr. David Whiston and executive director Gene Wurth, who joined ADAF last year, the Foundation is poised to continue in a strong and positive direction. Dr. Whiston has been absolutely tireless in his efforts to revitalize the Foundation. The Association is excited by the future of the Foundation to fulfill its mission. We are looking forward to having the corpus of the Foundation continue to grow and to provide funding for what ADAF determines is appropriate to support oral health outcomes and programs benefiting patients.

ADA News: The ADA Center for Evidence-Based Dentistry is increasing efforts to tailor EBD workshops and teaching



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Capitol Dental Designs.....	Montgomery.....	AL.....	334-269-2700
Mobile Dental Design, Inc. **.....	Mobile.....	AL.....	251-634-2445
Oral Arts Dental Laboratories, Inc. **.....	Huntsville.....	AL.....	800-354-2075
Parkway Dental Lab.....	Opelika.....	AL.....	800-239-3512
Scrimshire Dental Studio.....	Huntsville.....	AL.....	800-633-2912
Walker Dental Laboratory, Inc.....	Decatur.....	AL.....	800-727-0705
Green Dental Laboratories, Inc.....	Heber Springs.....	AR.....	800-247-1365
Continental Dental Laboratory.....	Phoenix.....	AZ.....	800-695-0155
Dentek Dental Laboratory, Inc.....	Scottsdale.....	AZ.....	877-433-6835
DW Dental Laboratory.....	Phoenix.....	AZ.....	602-973-2166
Lafayette Dental Lab.....	Phoenix.....	AZ.....	800-996-9482
Lakeview Dental Ceramics.....	Lake Havasu City.....	AZ.....	928-855-3388
New West Dental Ceramics **.....	Lake Havasu City.....	AZ.....	800-321-1614
A & M Dental Laboratories **.....	Santa Ana.....	CA.....	800-487-8051
Advanced Dental Technology **.....	Chula Vista.....	CA.....	619-656-9422
Atlas Dental.....	Gardena.....	CA.....	866-517-2233
BDL Prosthetics **.....	Irvine.....	CA.....	800-411-9723
Beverly Hills Dental Studio.....	Beverly Hills.....	CA.....	800-215-5544
Bigler Dental Ceramics **.....	Tustin.....	CA.....	714-832-9251
Continental Dental Laboratories.....	Torrance.....	CA.....	800-443-8048
Creative Porcelain.....	Oakland.....	CA.....	800-470-4085
Crowns R Us.....	Brea.....	CA.....	562-694-8670
DentalLab.com.....	North Hollywood.....	CA.....	877-437-4647
Dental Masters Laboratory.....	Santa Rosa.....	CA.....	800-368-8482
G & H Dental Arts, Inc. **.....	Torrance.....	CA.....	800-548-3384
Glidewell Laboratories **.....	Newport Beach.....	CA.....	800-854-7256
Great Smile Dental Lab.....	Northridge.....	CA.....	877-773-8815
Ikon Dental Design.....	San Leandro.....	CA.....	510-430-9659
Iverson Dental Laboratories.....	Riverside.....	CA.....	800-334-2057
Mr. Crown Dental Studio.....	Santa Ana.....	CA.....	800-515-6926
Nash Dental Lab, Inc.....	Temecula.....	CA.....	877-528-2522
NEO Milling Center.....	Cerritos.....	CA.....	562-404-4048
Nichols Dental Lab.....	Glendale.....	CA.....	800-936-8552
Noel Laboratories, Inc.....	San Luis Obispo.....	CA.....	800-575-4442
PCS Dental Lab.....	Foster City.....	CA.....	650-349-1085
Perfect Smile Dental Ceramics, Inc.....	San Diego.....	CA.....	877-729-5282
Polaris Dental Laboratory **.....	Anaheim.....	CA.....	866-937-1563
Precision Ceramics Dental Laboratory **.....	Montclair.....	CA.....	800-223-6322
Riverside Dental Ceramics **.....	Riverside.....	CA.....	800-321-9943
Robertson Dental Lab.....	Lompoc.....	CA.....	800-585-3111
San Ramon Dental Lab.....	San Ramon.....	CA.....	800-834-4522
So Cal Dental Lab.....	Colton.....	CA.....	909-633-6462
WORLD LAB U.S.A.....	Irvine.....	CA.....	800-975-3522
Gnathodontics, Ltd.....	Lakewood.....	CO.....	800-234-9515
Zinser Dental Lab, Inc.....	Westminster.....	CO.....	303-650-1994
Dodd Dental Laboratories.....	New Castle.....	DE.....	800-441-9005

LABORATORY	CITY	STATE	PHONE
Carlos Ceramics Dental Lab.....	Miami.....	FL.....	305-661-0260
DigiTech Dental Restorations.....	Doral.....	FL.....	888-336-1301
Fox Dental Laboratory.....	Tampa.....	FL.....	800-282-9054
Knight Dental Group.....	Oldsmar.....	FL.....	800-359-2043
TLC Dental Laboratory.....	Orlando.....	FL.....	800-262-2547
New Image Dental Laboratory **.....	Morrow.....	GA.....	800-233-6785
Oral Arts Dental Lab Georgia.....	Chamblee.....	GA.....	800-229-7645
Ridge Craft Dental Laboratory.....	Lagrange.....	GA.....	800-516-0281
The Lab 2000, Inc.....	Columbus.....	GA.....	800-239-3947
Eclipse Dental.....	Waterloo.....	IA.....	319-232-6020
Oral Arts Dental Lab Iowa.....	Dubuque.....	IA.....	800-747-3522
AOC Dental.....	Hayden.....	ID.....	800-729-1593
Accudent Dental Laboratory.....	Lansing.....	IL.....	800-895-3565
Artistic Dental Studio, Inc.....	Bolingbrook.....	IL.....	800-755-0412
Dental Arts Laboratories, Inc.....	Peoria.....	IL.....	800-322-2213
Dental Arts Lincolnshire.....	Lincolnshire.....	IL.....	800-779-5089
Distinctive Dental Studio, Ltd.....	Naperville.....	IL.....	800-552-7890
Prosthotech **.....	Sugar Grove.....	IL.....	630-466-8333
Quad City Dental Laboratory Inc.....	Moline.....	IL.....	888-797-5707
Rockert Dental Studio.....	Wheaton.....	IL.....	800-665-1401
Vitality Dental Arts **.....	Arlington Heights.....	IL.....	800-399-0705
Ito & Koby Dental Studio.....	Indianapolis.....	IN.....	800-288-6684
Lumident, Inc.....	Indianapolis.....	IN.....	866-586-4336
Myron's Dental Laboratory.....	Kansas City.....	KS.....	800-359-7111
Keller Dental Laboratory.....	Louisville.....	KY.....	800-292-1894
CDS Dental Studio **.....	Bossier City.....	LA.....	800-259-7775
Crown Dental Studio.....	Shreveport.....	LA.....	800-551-8157
Pfisterer-Auderer Dental Lab.....	Metairie.....	LA.....	800-288-8910
Arcari Dental Lab.....	Wakefield.....	MA.....	781-213-3434
Aronovitch Dental Laboratory.....	Owings Mills.....	MD.....	800-441-6647
Eliason Dental Lab.....	Portland.....	ME.....	800-498-7881
Apex Dental Milling.....	Ann Arbor.....	MI.....	866-755-4236
Artistic Dental Lab **.....	Allen Park.....	MI.....	800-437-3261
Davison Dental Lab.....	Flint.....	MI.....	800-340-6971
Dental Art Laboratories.....	Lansing.....	MI.....	800-444-3744
D.H. Baker Dental Laboratory.....	Traverse City.....	MI.....	800-946-8880
Olson Dental Laboratory.....	Clinton Township.....	MI.....	800-482-3166
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Xcel Dental Studio.....	Flint.....	MI.....	810-733-0909
Excel Dental Studios Inc.....	Minneapolis.....	MN.....	800-328-2568
Harrison Dental Studio.....	West St. Paul.....	MN.....	800-899-3264
Saber Dental Studio.....	Brooklyn Center.....	MN.....	800-264-3903
Thoele Dental Laboratory.....	Waite Park.....	MN.....	800-899-1115
Trachsel Dental Studio Inc. **.....	Rochester.....	MN.....	800-831-2362
Webster Dental Laboratory.....	St. Paul.....	MN.....	800-621-3350
Wornson-Polzin Dental Lab.....	North Mankato.....	MN.....	800-950-5079
Becker Dental Lab, Inc.....	Herculanem.....	MO.....	800-963-6691

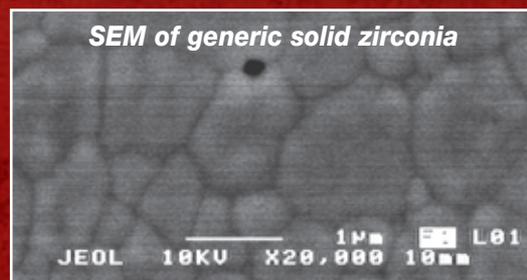
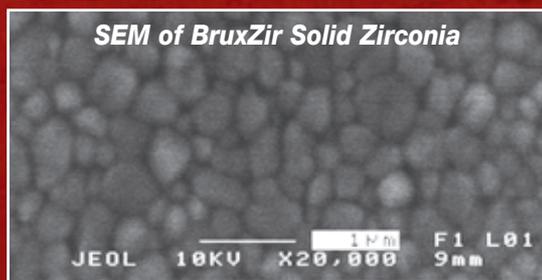
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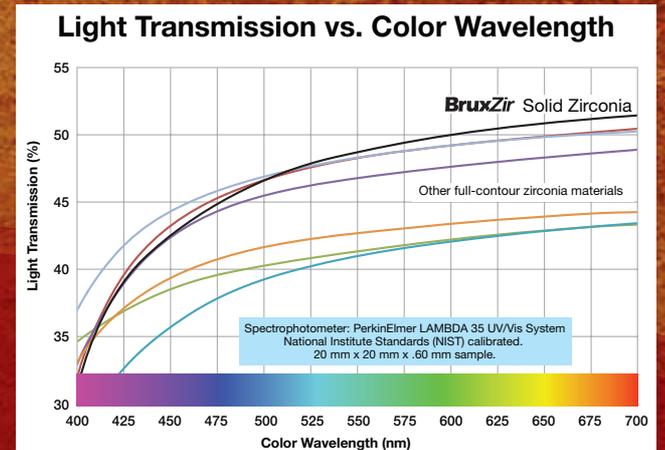
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Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Midwest Dental Laboratory	St. Louis	MO	800-325-8011
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
Western Dental Arts	Billings	MT	406-652-1652
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
Natural Ceramics Inc.	Fayetteville	NC	910-425-8296
The Freeman Center	Stallings	NC	800-659-7636
Kiess Kraft Dental Laboratory	Omaha	NE	800-553-9522
H & O Dental Laboratory	Manchester	NH	800-543-4312
Excel Berger Dental Laboratory	North Brunswick	NJ	800-438-3384
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Core 3D Centres, LLP	Las Vegas	NV	888-750-9204
Digital Dental Studio	Henderson	NV	702-992-4055
Las Vegas Dental Studio	Las Vegas	NV	800-455-1598
Las Vegas Digital Dental Solutions **	Las Vegas	NV	800-936-1848
Creo Dental	New York	NY	212-302-3860
Elegant Dental Laboratories	Brooklyn	NY	877-335-5221
MobileTek Dental Labs	New York	NY	917-747-7519
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
AccuTech Dental Lab	Reynoldsburg	OH	614-751-9888
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Northwest Ceramics Inc.	Columbus	OH	614-451-9597
ROE Dental Laboratory	Garfield Heights	OH	216-663-2233
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Tooth Fairy Dental Lab	Findlay	OH	419-429-8181
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Imperial Crowns Dental Laboratory	Broken Arrow	OK	866-207-0858
Applegate Dental Ceramics	Medford	OR	541-772-7729
Ceramicraft Dental Lab	Bend	OR	541-318-7808
Albensi Laboratories**	Irwin	PA	800-734-3064
DeLux Dental Laboratory	Reading	PA	800-541-5642
Dynamic Dental Group: Toothsmiths	Lititz	PA	717-626-8806
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
Newtech Dental Laboratories	Lansdale	PA	866-635-5227
Maverick Dental Laboratories	Export	PA	866-294-7444
Thayer Dental Laboratory	Mechanicsburg	PA	800-382-1240
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Bauer Dental Studio	Mitchell	SD	800-952-3334
Dental Prosthetics Lab	Clarksville	TN	931-647-2917
Peterman Dental Laboratory	Nashville	TN	800-476-1670
R-Dent Dental Laboratory	Bartlett	TN	877-733-6848
Rogers' Dental Laboratories	Athens	TN	800-278-6046
S & H Crown & Bridge Inc.	Knoxville	TN	888-506-1263

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Wade Dental Ceramics	Maryville	TN	865-982-4324
Affordable Cosmetic Laboratories	Arlington	TX	817-792-3806
Crystal Dental Ceramics	Richardson	TX	972-680-1660
Dental Dynamics Laboratory Inc.	Arlington	TX	817-792-3000
MDA Studio, Inc.	Corpus Christi	TX	888-544-3307
Oral Designs Dental Laboratory, Inc. **	San Antonio	TX	800-292-5516
PCB Dental Lab	Richardson	TX	972-671-3894
Stern Empire Dental Laboratory	Houston	TX	800-229-0214
Stern Reed Associates Dental Laboratory	Addison	TX	800-888-8341
Stern Tyler Dental Laboratory	Tyler	TX	800-926-1318
Arrowhead Dental Laboratory	Sandy	UT	800-800-7200
Crown Laboratories Inc.	Sandy	UT	800-574-1911
Crystarr Dental Design	Salt Lake City	UT	800-343-2488
Epic Dental Studios **	American Fork	UT	801-756-1117
Evolution Dental Studio	Draper	UT	801-432-7446
Precision Milling Center	West Valley	UT	877-810-6210
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
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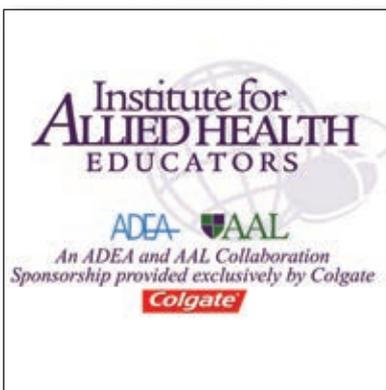
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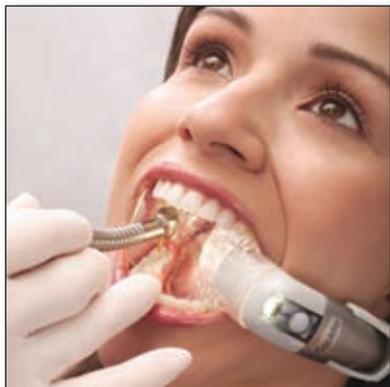


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A conversation with the president-elect

Dr. Faiella

Continued from Page 16

opportunities to audiences beyond the ADA's annual EBD Champions Conference. What is your assessment of how the ADA needs to proceed in further bringing attention to EBD and the related resources that the ADA offers?

Dr. Faiella: I think people are excited by the notion that evidence-based dentistry provides a scientific basis for what we do, rather than relying solely on an anecdotal history. That said, what we are learning when we carefully evaluate the existing literature is that many anecdotal reports predominate in the search results. Different topics have different levels of information in the literature, so this becomes a challenge. Clearly, EBD helps us understand what needs to be done for future research so we can have the appropriate evidence as a translational basis for making decisions about treatment and provision of care. It will be an integral part of our future both in medicine and dentistry, but it is shining a glaring light on our research needs and research agenda to assure a rigorous scientific basis for clinical decisions.

I spoke at one of the EBD workshops and was impressed by the enthusiasm of the attendees, and with good reason. Once you are engaged in it, you realize the power of the process. We will do as much as we can to make sure all of our members have the opportunity to understand how important it is, not only for the present but also for the future of our profession.

ADA News: In the past 10 years, eight new dental schools have opened and two more are in the works. Most are private institutions. The schools vary in philosophy and approach. What should members know about this expansion of dental education? How are competency and licensure issues addressed with respect to newly graduated dentists?

Dr. Faiella: The Commission on Dental Accreditation writes standards for accreditation of dental schools and their curricula. That is an important role CODA plays as authorized by the U.S. Department of Education through a process that involves intense scrutiny of CODA activities. We support that role because we feel committed as an Association to the best educational process possible. Even so, the delivery of education is something that should always be evolving. While most of the new schools are private, I don't think the new school models will escape the economic pressures that the traditional schools have faced.

Here is the meaningful question: Who is ultimately responsible for the competency of the graduate? The accreditation community? The dental schools? Or the examining community? I would suggest all three play a very critical role in developing and assessing competencies. CODA, in developing the accreditation standards, doesn't set the bar, it sets the floor. You have to meet the standard—but you can certainly go beyond that.

How much beyond is really left to each school. If a model is based on community delivery of services, is that sustainable? There are some dental school models that have had success with that, but that approach may not necessarily find success in every community. How the community accepts those new school models is yet to be determined.

Time will tell how this trend impacts the profession from a provider distribution base. It's hard to predict because, as we have seen

in the past, there are periodic expansions and contractions of educational institutions. I suspect we will probably see a similar pendulum swing in the future. That is yet to be determined as we continue our efforts to understand the impact of the new school models.

ADA News: You participated this summer in the Multicultural Oral Health Summit, held in July, which marked the first joint annual session between the Hispanic Dental Association, National Dental Association and Society of American Indian Dentists. Have you seen any changes in the ADA's relationship with dentists who represent diverse groups over the past 10 years?

Dr. Faiella: The Multicultural Summit was very exciting. The relationship among the diversity groups has been growing positively over the past several years and this year for first time, NDA, HDA, SAID and the ADA had a chance for members from each of their respective boards to participate in a joint leadership education program in connection with the summit. It was an opportunity to share ideas regarding where we are headed collectively in the future, and to recognize our common goals and concerns about the oral health of the nation. Working together is the key to progress. The more understanding we have about each other, the more we can share, and the better it will be for the profession and the patients we serve. This was a really important, landmark meeting.

ADA News: Can you talk about what the ADA is doing to be relevant to specific groups in which there are opportunities for membership growth? These groups include women dentists, dentists who were internationally trained and racially/ethnically diverse dentists. Have you seen any impact from the Membership Program for Growth (which is the tripartite marketing collaborative approach that provides constituent and component societies with marketing expertise and customized resources) or know of other efforts?

Dr. Faiella: Absolutely there has been an impact. Obviously, our population is ever more diverse, and our profession is evolving to express that diversity as a reflection of society. I think the Council on Membership is focusing on certain very important groups for engagement. Women dentists, dentists of diverse backgrounds, non-U.S.-trained dentists living and practicing in the U.S., and the urban components are where we are seeing the greatest opportunity for membership growth. The council is working very hard for outreach to these groups.

ADA News: Do you think most members understand or are concerned about the need to seek new members? Why does the ADA exist?

Dr. Faiella: I believe this comes down to being part of a profession. Going to dental school is a huge commitment, and I believe with it comes the opportunity to live and practice a profession to the fullest. That includes becoming directly involved with the group that represents all dentists and their efforts to improve the oral health of our patients. The Association works continuously to help society understand the importance of oral health. The ADA is not a trade group. It is a professional association with a goal of improving oral health measures and doing so in appropriate ways, allowing the dentist to exercise his or her clinical judgment. Entities or agencies with legislative, regulatory or other authority may act in ways that may limit the individual dentist's ability to deliver that care.



Periodontist: Dr. Faiella has two offices for his periodontology practice, one in Osterville on Cape Cod, and a second in Duxbury, Mass. He is past president of the Massachusetts Dental Society and will become the 149th president of the ADA this month.

The ADA is the voice that speaks on behalf of the profession and works to protect it from undue interference in the doctor-patient relationship. That's the message about membership. It's not about growing for the sake of growth, or increasing revenue for revenue's sake; it's about having the people in the profession doing the good work the Association has been doing for 150 years.

The work is never completed in advocacy. We know that advocacy is the No. 1 reason members cite for being a member of the Association. Our Washington Office is working very hard in a difficult political environment, particularly with an election coming. They have been successful in achieving many of our goals, but other goals are a little more elusive in this environment. We support them fully and appreciate all our members engaging their legislators at not only the state level but also the federal level to advance oral health initiatives which safeguard the profession and the public's health. Our governmental affairs efforts include the Council on Government Affairs, the Department of State Government Affairs, the State Public Affairs program and the Council on Access, Prevention and Inter-professional Relations, which have provided some states with support they could never garner on their own.

ADA News: The Association has been going through an extensive financial review the past few years, facing many of the same challenges all businesses have during the recession. The 2013 budget proposal the Board is advancing to the House during Annual Session Oct. 19-23 calls for a dues increase of \$30 and a special assessment of \$50 in 2013 and 2014 to establish a capital improvement fund to cover deferred maintenance and improvements on the ADA buildings in Chicago and Washington. How do you see 2013 unfolding from a financial perspective?

Dr. Faiella: The Board's budget proposal is designed to align with the four major goals of the ADA Strategic Plan, with particular emphasis in 2013 on the first goal, to help dentists succeed in their careers and the fourth goal, to ensure the ADA is a financially stable organization.

Projected 2013 revenue is \$118.6 million. Pretax operating expenses are projected at \$120.2 million. Specifics about the plan are in Board Report 2 to the 2012 House of Delegates, which is posted on ADA.org.

I can't emphasize enough how critical it is for us to align our appropriations with our strategic and operational initiatives. Our strategic plan drives what we do as an Association.

The decision to request a dues increase and establish a capital fund was made after extensive deliberations and a thorough review of Association finances. Last year, we overhauled the ADA employee pensions to bring them into alignment with current practice and economic conditions. For 2013, it is the first time that we have used universal assessment criteria to give us some basis to evaluate programs for return on investment, return on objective, alignment with the Strategic Plan and mandates from the House of Delegates. Those criteria will continue to evolve as we continue to inform the new budget process and make appropriate decisions as fiduciaries.

ADA News: The Commission on Dental Accreditation voted to develop standards for dental therapy programs in 2011. There has been some comment on this from the House. Will CODA continue to move forward with this plan? What do members need to know about this issue, both from an accreditation viewpoint and a legislative one?

Dr. Faiella: Right now, CODA is authorized by the U.S. Department of Education to write standards for dental education and allied dental education programs in the United States. The House of Delegates has made it very clear to CODA that it has concerns with some of the criteria regarding these programs. There are five criteria, which include economic viability and whether there is a market need for that model. CODA agrees that it needs to answer the questions on those two criteria specifically. CODA is going to continue its work in developing those standards, but those standards will not be promulgated until the issues relating

QuickTakes

Summaries of ADA News stories published online

Dr. Chadwick named ECU dean

The East Carolina University in Greenville, N.C., has named Dr. Greg Chadwick, a past ADA president, as dean of its School of Dental Medicine.

Dr. Chadwick served as ECU's interim dean for the past year. School officials announced his appointment Sept. 21.

"I'm extremely pleased and honored

with the appointment and the opportunity to work with our great faculty, staff and students," said Dr. Chadwick, ADA president in 2001-02.

To read the full story, go to ADA.org/news/7626.aspx. ■



Dr. Chadwick

ADA supports sugary beverage study

The ADA thanked U.S. senators calling for a surgeon general's study of sugary beverage impact on public health and applauded New York City's mayor "for shining a spotlight" on the issue.

"Dentists and other oral health professionals are concerned about the record numbers of sugar-sweetened

beverages (a.k.a. 'soft drinks' and/or soda pop) being consumed by America's youth," the ADA said in letters thanking Sens. Richard Blumenthal, D-Conn., Frank Lautenberg, D-N.J., and Ron Wyden, D-Ore., for their Sept. 12 request.

Read more at ADA.org/news/7576.aspx. ■

Dr. Faiella

Continued from Page 22

to those criteria are resolved. Legislatively, there are activities across the country and the models that are being proposed vary. In September, the Washington State Dental Association's delegates agreed to support a very specific type of model in response to the direction of the Washington state legislature on this issue.

The groups that are focused exclusively on a specific workforce model are, I believe, concentrating too much on trying to be innovative and are not really looking at the potential to change disease rates in a population. We know that the access issue and, more importantly, the delivery of care issue are much more broadly defined. It's a combination of factors, including cultural, language, geography, oral health literacy, funding and to a limited degree, workforce distribution. I don't think we've fully explored using the current workforce to our advantage. We are working to move the discussion away from a very narrowly focused discussion on a single solution.

ADA News: The Association instituted a study this year of its governance structure. What is the outcome?

Dr. Faiella: The outcome will be determined at the House. A firm recognized for its expertise in this area gathered data and input from all levels of the Association. Its report, along with the Board's recommendations, has been shared with delegates (and is posted on ADA.org under 2012 Board Reports & Resolutions). We have seen significant dialogue in the states already, and several amendments and resolutions are being put forward in addition to those suggested by the Board. The point of the effort is to make the Association a more effective organization, utilizing best practices while at the same time keeping the governance relevant and ensuring meaningful representation of our members in the development of ADA policy. ■

—jakushj@ada.org

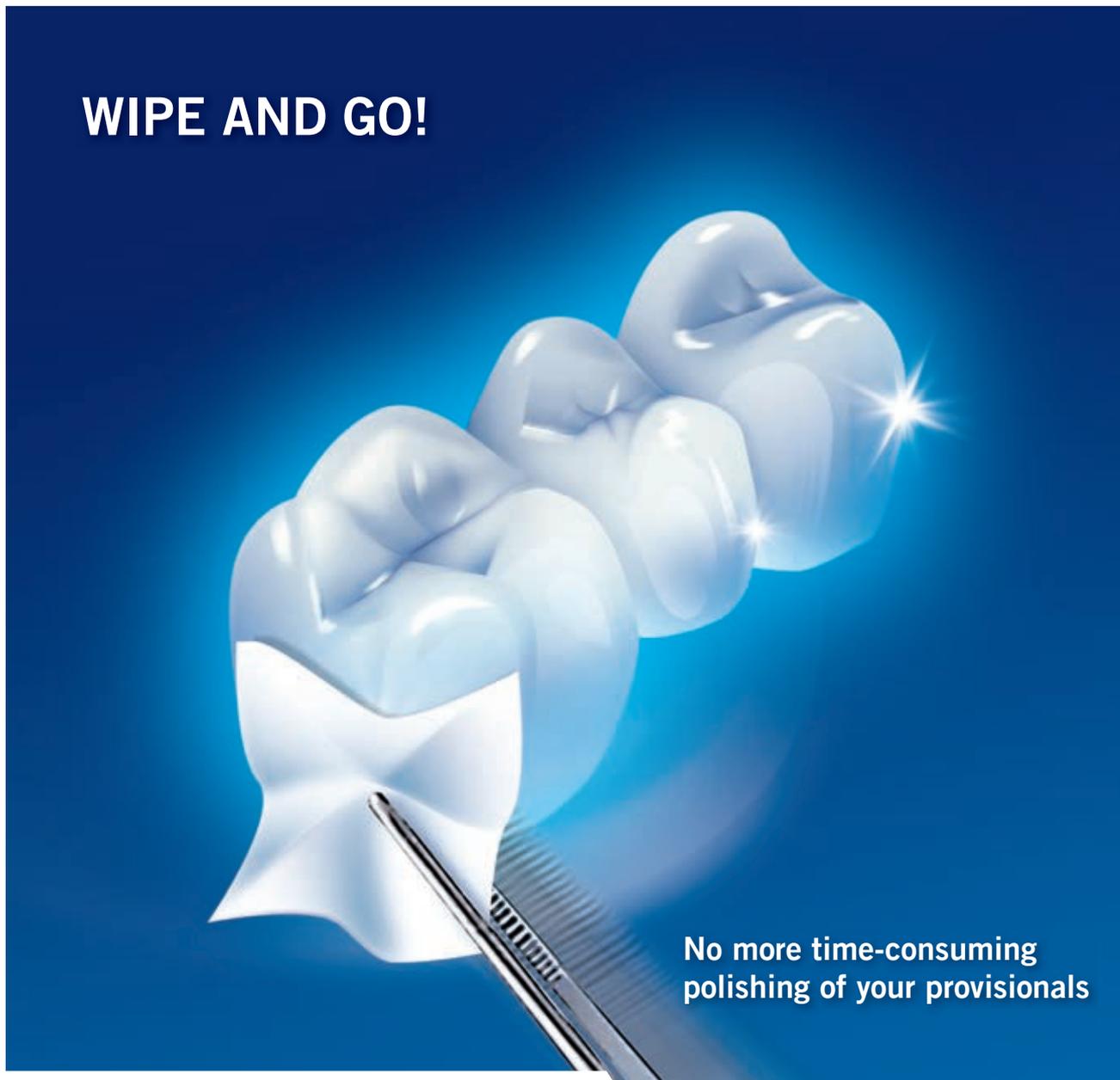
Poster

Continued from Page 1

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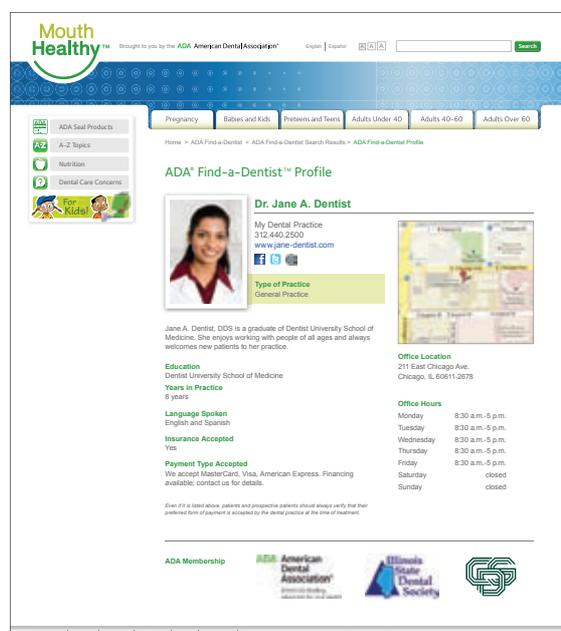


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