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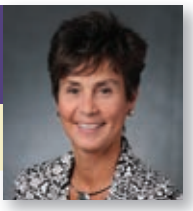

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ADA News

DECEMBER 10, 2012 VOLUME 43 NO.22

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BRIEFS

Annual Session online

Although the ADA Annual Session was Oct. 18-21, ADA members can still view more than 20 continuing education courses and special events on demand at ADA365.org, the online extension of the meeting.

ADA365 offers more than 35 hours of content, including the Opening General Session, Education in the Round courses, Open Clinical and Science Forums, roundtable discussions and Technology Expo courses.

ADA365

Viewers can log on to watch some of the meeting's best programs, 24 hours a day, seven days a week.

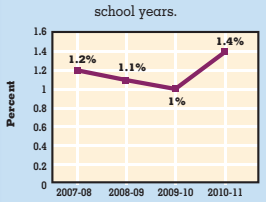
New programs will be added between now and the ADA's 154th Annual Session in New Orleans Oct. 31-Nov. 3, and some specially scheduled events will offer a live Q & A with the speaker at the end of the program.

Log on today to see what the ADA Annual Session offers and watch the ADA News for information on new and interactive programs coming soon. ■

JUST THE FACTS

Repeaters

The percentage of dental students who repeated their first year slightly increased between the 2009-10 and 2010-11 school years.



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

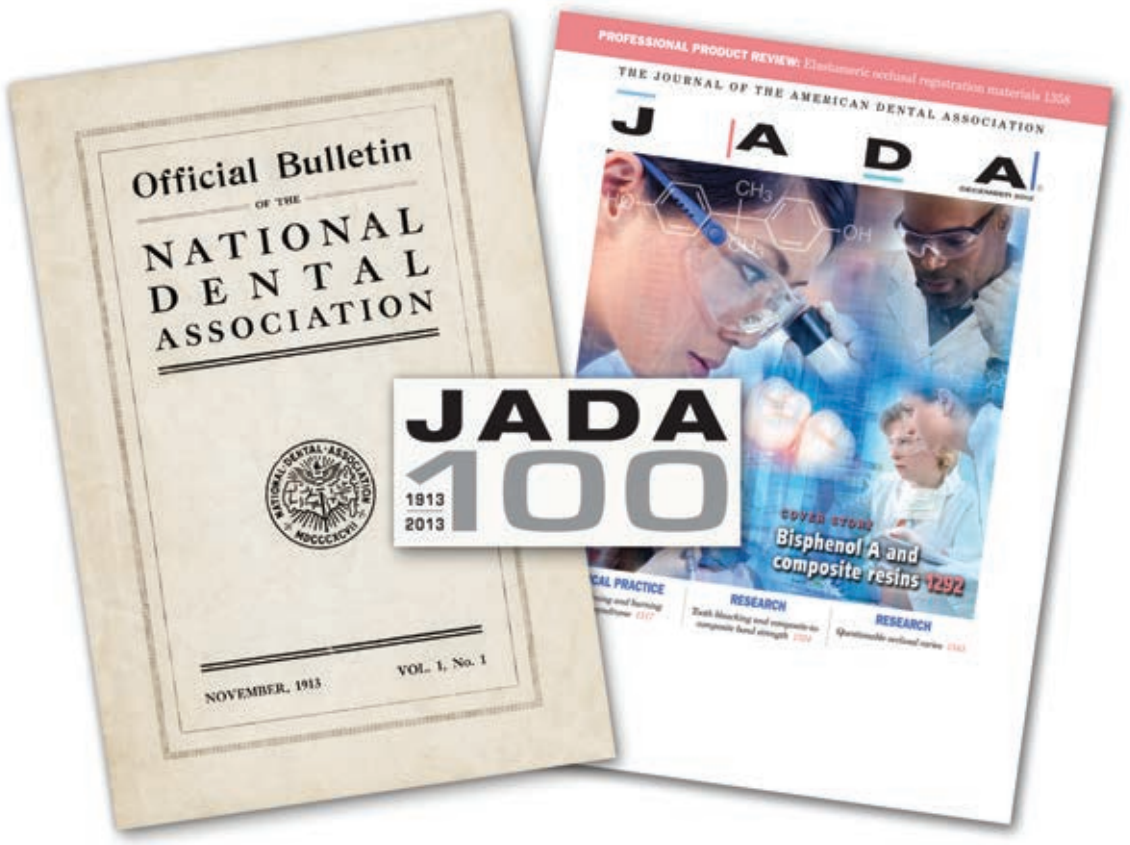
JADA to celebrate its first 100 years

Landmark articles, commentaries will highlight centennial

BY JAMES BERRY

The official Bulletin of the National Dental Association, forerunner to The Journal of the American Dental Association, debuted in November 1913—100 years ago next year.

Starting this coming January, JADA will mark its centennial with a series of specially prepared articles and commentaries to be presented in each of its 12 issues throughout the year.



Past and present: The first issue of what would become the Journal of the American Dental Association, and the most recent issue, December 2012.

"This is a momentous occasion, an opportunity for ADA members to celebrate their professional journal's central role in the advancement of dental science and dental practice," said Dr. Michael Glick, JADA editor since 2005.

The ADA's monthly Journal is dentistry's best-read peer-reviewed publication, as reported by Kantar Media, an independent research firm.

"Dental science is central to our profession, and JADA is central to our voice in dental science," said Dr. Robert Faiella, ADA president. "I have been an avid reader of JADA since my earliest days in dental school. I have seen it grow and improve with the times, and I have seen dentistry grow and improve with JADA's considerable influence.

"As dentists and ADA members, we can all be very proud of our journal and its many contributions to our profession," the president continued. "My congratulations to

See JADA, Page 22

After one year, tide turns on fluoridation

Pinellas County Commission votes to reinstate

BY STACIE CROZIER

Clearwater, Fla.—After a year of heated public debate, grassroots education and advocacy by dentists and voters' rejection of two county commissioners who voted against fluoridation, Pinellas County, Florida, will begin fluoridating its water again.

The Pinellas County Commission voted 6-1 Nov. 27 to reinstate fluoridation to its 700,000 residents served by county water. The commission listened to three hours of public testimony for and against fluoridation before voting. The county expects to be fluoridating again by March 1, 2013. The lead time will enable the county time to inform residents about the decision with fliers in their water bills and give health care providers the chance to curtail fluoride supplementation.

"The citizens of Pinellas County were served well today by the actions of the County Commission," said Dr. Kim Jernigan, Florida Dental Association president, in a Nov. 27 statement. "Thank you to the Pinellas County Commission for its vote today."


Dr. Buckenheimer


Dr. Johnson

"The 6-1 vote by the commissioners to put fluoride back into the Pinellas County water system demonstrates the effectiveness of an organized effort by the dental community and the many organizations that collaborated with us," said Dr. Terry L. Buckenheimer, ADA 17th District trustee and a Tampa area dentist.

The Pinellas County fluoridation saga began Oct. 4, 2011, when the commission abruptly voted 4-3 to stop fluoridating at the end of the year. What began as a discussion to cut costs to the county erupted into a contentious debate about

See PINELLAS, Page 10

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Dentists rank high in Gallup poll

BY KAREN FOX

Princeton, N.J.—Dentists have moved up to No. 5 in the latest Gallup poll asking the public to rate professions based on their honesty and ethical standards.

Twenty-two professions were tested in Gallup's update of the perceived honesty and ethical standards of professions poll released Dec. 3. Survey respondents rated each profession on a five-point honesty and ethical scale ranging from "very high" to "very low."

Dentists came through with an honesty rating of 62 percent this year—slightly lower than physicians, pharmacists and nurses but tied with their 2006 score. "The honesty ratings of all medical professions are at the highest levels in Gallup's history, albeit by slim margins," according to Gallup.

"The honesty ratings of all medical professions are at the highest levels in Gallup's history."

Nurses scored the highest of all the professions tested—with 85 percent of respondents rating the ethics and honesty of nurses as very high or high. Rounding out the top 10 after nurses were pharmacists, physicians, engineers, dentists, police officers, college teachers, clergy, psychiatrists and chiropractors.

The lowest ranked professions were members of Congress (only 10 percent rated their ethics and honesty as very high or high) and car salespeople (8 percent).

Results of the poll are based on telephone interviews conducted Nov. 26-29 with a random sampling of 1,015 adults age 18 and older in all 50 states and the District of Columbia.

Gallup has conducted this same poll periodically but doesn't always include dentists as one of the professions tested. ■

VIEWPoint

MyView

Compassion

The power of the future

Raymond Cohlmia, D.D.S.

October 9, 1945: A frosty morning in Waterford, a quaint little town nestled in a valley in the mountains of Pennsylvania. A 10-year old boy named Cliff sits in a classroom looking out the window and gazed into the sky. He sees a squadron of 21 fighter planes flying in formation right over the school. He remembers it well because he not only sees and hears them, but he can feel them actually shake the ground as they fly over. The planes circle back around and continue in formation. They then straighten out and fly the original course, but this time the boy only counts 20 planes.

Another individual: Jim, the son of one of the first men to the crash site who also recovered the remnants of the crash. This son remembers the stories of his father. Back in 1945, his father was intimately involved with this difficult and traumatic event.

Flash forward to 1980: A young man named Tom is hiking in the area of those same Pennsylvania mountains. He comes upon an old crash site and sees a large airplane engine protruding half out of the ground at a 45-degree angle. Rust particles and fragmented metal encase the engine and what appears to be a section of the propeller. He sees no other pieces of the plane. As he inspects what he has found, he wonders what circumstances led this plane to its final fate.

Much later: Mike, another young man with a passion for hunting and the outdoors, contacts a newspaper after seeing an article about a family that had searched for a loved one who had disappeared many years ago. The young man senses what they were looking for; he had been there many times and knew exactly where it was.

As we approach the coming season of giving, I am reminded that our profession is built on compassion, understanding and assisting our fellow man.

These four people are just "normal" people but they are also shining examples of hope and compassion. All of them came together at a crucial time in my life to provide understanding, learning and closure for my father and several other members of my family.

You see, each of these individuals I spoke about spent a meaningful and important weekend with my family to create a memory of a lifetime and, for me personally, to instill a promise of the future of mankind.

Cliff, the little boy who watched the planes with wonder from his schoolroom in 1945, was one of a group of people that carried a memorial plaque up the mountain to the crash site three years after the crash. He was also the grandson of the pastor who had personally met with my grandparents in 1945 to deliver special items from the crash site and to pray with them

See MY VIEW, Page 5

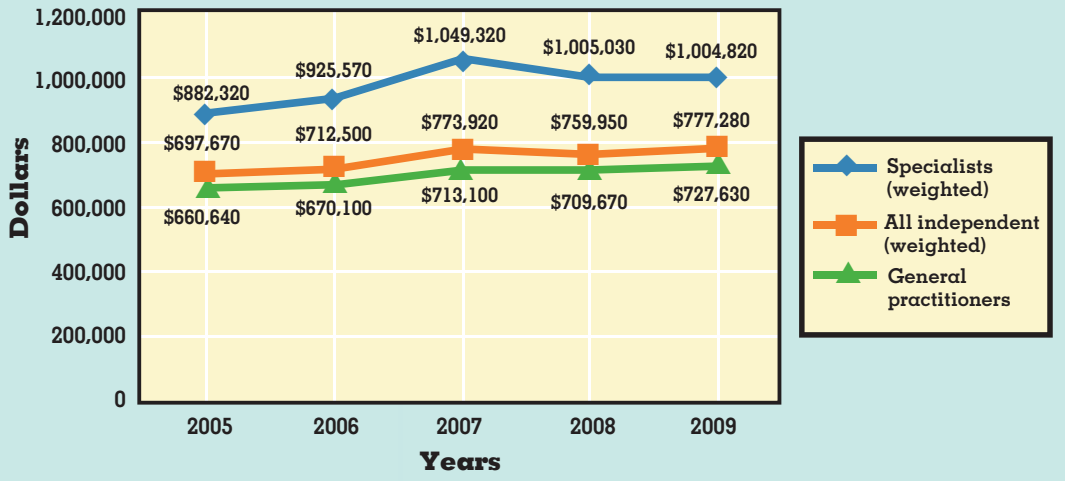
LETTERSPolicy

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

SNAPSHOTS OF AMERICAN DENTISTRY

Gross billings

Gross billings per owner for all independent dentists increased by an average annual rate of 2.7 percent from 2005 to 2009. The average increase for general practitioners' gross billings was 2.4 percent annually and it was 3.3 percent for specialists in the same time period.



Source: American Dental Association, Health Policy Resources Center, *2010 Survey of Dental Practice, Income from the Private Practice of Dentistry.*

Letters

Specialty application

It was with much dismay and noted incredulity that I read the recent headlines in the Nov. 5 ADA News. Dr. Robert A. Faiella, recently installed president of the ADA, in his address to the ADA House of Delegates on Oct. 23 is quoted in the headline: "It's not loyalty but principle that drives our policies." The ADA House of Delegates rejecting the application to recognize anesthesiology as a specialty within dentistry contradicts this statement and headline in the ADA News.

The application for recognition of anesthesiology as a specialty has now come up several times and gone through the ADA's process of extensive review by the Council on Dental Education and Licensure using criteria set by the ADA. Again, as in times past, CDEL, the Committee on Recognition of Specialties and Interest Areas in General Dentistry and the ADA Board of Trustees supported the application.

Anesthesiology followed and fulfilled all the guidelines and criteria set forth by the ADA for recognition as a specialty. For the application to be yet again denied by the House of Delegates says to me that the ADA [may permit special interests in the House of Delegates to misconstrue the guidelines and principles of the process].

I strongly believe in the idea put forth by Dr. Faiella's statement about principle driving policies. However, if we hope to have the ADA as an organization in which "not loyalty but principle that drives our policies," the ADA will need to re-examine the specialty recognition process by which special interests [are allowed to interpret the requirements to suit their own viewpoint].

John R. Liu, D.D.S.
Issaquah, Wash.

Editor's note: After specialty recognition for dental anesthesiology failed in the 2012 House, delegates passed Resolution 185H-2012, which calls on the ADA to improve the process and evaluation criteria for approving interest areas in general dentistry and recognizing dental specialties. Res. 185H directs CDEL to review the current process and criteria and report back to the 2013 House with recommendations on ways to improve them. The Jan. 7, 2013 ADA News will include an article about Res. 185H.

Ad Council effort

It is important to share the knowledge we have gained as adults with our children. They are the future generation and can be helped to avoid problems that we went through in our lives. As doctors, one of our roles is to help our community, and that's why I support the American Dental Association, American Academy of Periodontology and the Partnership for Healthy Mouths, Healthy Lives' initiatives [via the Ad Council].

The "Healthy Mouths, Healthy Lives" campaign has provided

See LETTERS, Page 5

Letters

Continued from Page 4

modern and colorful tools to help dentists present oral health education to the community. With the public service announcements, posters, checklists, etc., our office was able to present numerous materials at our recent community oral health care event. We let the students know it only takes two minutes, morning and evening, to get your teeth clean, which is a major motto of the campaign. We printed out two of the campaign's posters from the partnership's website at www.2min2x.org.

With New York City Councilman Dan Halloran and Philips Oral Healthcare, our office staff presented the Partnership for Healthy Mouths, Healthy Lives' oral health care campaign and materials at an oral health care event for 20 elementary schoolchildren in Queens at the Colonial Church's afterschool program in Bayside, N.Y., in November. Philips donated 20 Sonicare for Kids toothbrushes and staff of Councilman Halloran instructed the children on proper dental health.

We began our event with an introduction of basic dental words like cavities and plaque, displayed a poster that shows that text messaging takes much longer than brushing your teeth and a demonstration on how to brush teeth. We showed a model of the mouth and showed each child how to use the Sonicare toothbrush which plays music while brushing.

The Partnership for Healthy Mouths, Healthy Lives, www.healthymouthshealthylives.org, is a coalition of 35 leading organizations in the field of oral health including the ADA, Academy of General Dentistry and American Academy of Periodontology. The Partnership is committed to improving children's oral health, and shares the view that no child should be in pain and suffer broader health issues, or endure the social stigma and lack of opportunity resulting from untreated dental diseases and conditions. The coalition's primary mission is to teach parents and caregivers, as well as the children themselves, to take control of their own health through oral disease prevention.

We posted photos of our event at bayside dentist.com/our-office/blog/.

Bernard Fialkoff, D.D.S.
Bayside Hills, N.Y.

MyView

Continued from Page 4

for their son who was lost in the crash.

Jim's father managed the extraction of the two men that were lost in the crash. Tom, the man who hiked in those mountains during the '80s, began to research the families involved with the plane crash. Tom sought out my family to let us know that a special place had been created for my father's brother, who died at age 19 on Oct. 9, 1945.

Mike, the hunter who had contacted the paper to reach my family, let us know that he could lead us right to the old crash site. He even arranged for all the restricted access papers necessary to get us there. He and his brother even went a few days earlier to clear the difficult pathway so my father and mother could hike down the trail.

As I think back on this experience—clearly one of the most memorable moments in my life—I'm reminded that we are all so dependent on each other and on how we treat our fellow man. While this memory may not have much to do directly with dentistry, it has everything to do with the principles of our profession. As we approach the coming season of giving, I am reminded that our profession is built on compassion, understanding and assisting our fellow man.

The selflessness and genuine love shown to us by Mike, Cliff, Jim and Tom during this moving episode in my family's life is evidence that we will be just fine in the future. I am sure of this because we have compassion.

Dr. Cohlmia is the editor of the Oklahoma Dental Association Journal. His comments, reprinted here with permission, originally appeared in the November issue of the ODA Journal.

EBD Champions Conference set for April

The sixth annual Evidence-Based Dentistry Champions Conference is set for April 25-27, 2013, at the ADA Headquarters. The conference is conducted by the ADA Center for Evidence-Based Dentistry and sponsored by the ADA. Applications, which will be reviewed on a first-come, first-served basis to fill the 100 slots, will be available online in January.

The conference is open to dentists from practice, academic and public health backgrounds with leadership skills and an interest in EBD. Selected dentists will learn about EBD and be trained to apply its principles and tools clinically. Participants become "champions" who disseminate information about EBD to their dental and medical colleagues, peers and decision-makers.

Participating dentists must live and practice in the United States and be directly involved in treating dental patients. For more information about the EBD Champions Conference, visit www.ada.org/278.aspx. ■

GOVERNMENT

Councils take on noncovered services bills

BY KELLY SODERLUND

Pennsylvania is the latest state to enact noncovered services legislation, bringing the total number of states with laws on the books to 29.

This year, legislators in 12 states filed noncovered services bills and three states have enacted a law—Pennsylvania, Illinois and Kentucky.

Additionally, Nebraska and Mississippi enacted laws to enhance their existing noncovered services statutes.

Dr. May

Dr. Fields

Crafting legislation that prohibits insurance companies from controlling what a dentist may charge for services dental benefit plans don't cover is no easy feat.

It takes teamwork between state dental societies and legislators who are championing the law and cooperation between the ADA Council on Dental Benefit Programs and Council on Government Affairs.

"Each of the councils has a unique perspective and can lend a hand to specific parts of the process," said Dr. David May, CDBP chair. "While CGA members and staff are fluent in the legislative wording and the best ways to get bills through state legislatures, CDBP staff and council members can provide expertise on defining various benefits terms and context on why it's important to dentists for this legislation to pass."

CDBP staff and council members come in handy when state dental society leaders are negotiating the terms of the law and how various aspects of it should be defined.

"The ADA's State Government Affairs department keeps state dental leaders apprised of what bills are introduced, what laws are on the books and the nuances of each. Through regular email updates, we help state leaders learn what other states' challenges are with respect to the definition of covered services," said Dr. Henry Fields, CGA chair. "The expertise of CDBP staff helps us help the states properly define the various coverage mechanisms so that the noncovered services law has a comprehensive and useful impact."

The two councils also work together on assignment of benefits and coordination of benefits laws. The ADA is committed to assignment of benefits laws that prevent dental plan contracts from refusing to honor the patient's option to have the dentist paid directly by the plan.

The ADA supports coordination of benefits laws that require the primary payer to pay its normal benefit and the secondary plan pay what it would have paid had it been primary up to the doctor's full fee when two plans cover the same procedure or claim.

The more expertise there is in this process, the more successful states will be adopting laws to help patients utilize dental benefit plans to maintain and improve their oral health, Dr. Fields said.

"That's the benefit of having this kind of cooperation," Dr. Fields said. "The noncovered services advocacy effort is a primary example of legislation that's gradually gained momentum nationwide. We're more sophisticated and successful than if everybody was going at it alone." ■

—soderlundk@ada.org

Tweeting on Twitter

For the latest news from the ADA, or to reach out with a question, connect with your Association on Twitter. Remember, you can use Twitter on your computer or mobile device simply by signing up for an account on the Twitter website.

Then follow @ADANews for information from the ADA News team; @AmerDentalAssn for dental- and ADA-related campaigns, news and tidbits; and @ADAMouthHealthy for consumer oral health tips.

If you're using a mobile device to access your Twitter account, you must first download a Twitter app from an app store for mobile devices. Your mobile phone or device may already have it pre-loaded.

After that, you'll be able to access your Twitter account and see the tweets of the people you follow.

Please note: Twitter messages are limited to 140 characters, but don't worry—the Twitter app will tell you if you've gone over the maximum. ■

Guidance offered on PHI de-identification

BY CRAIG PALMER

Washington—The Department of Health and Human Services offered guidance Nov. 26 on de-identification of protected health information (PHI) for HIPAA-covered entities and their business associates.

A dental practice is covered by HIPAA if it electronically transmits claims or any other HIPAA-covered transactions.

The guidance, issued two years after HHS convened a 2010 stakeholder workshop on HIPAA Privacy Rule de-identification methods, accords with sample procedures described in The ADA Practice Guide to HIPAA Compliance: Privacy and Security Kit. To order the ADA kit, J594—Manual, CD-ROM and Subscription Service, shop online at ADAcatalog.org or call 1-800-947-4746.

The HHS Office for Civil Rights guidance document available at hhs.gov describes methods and approaches to achieve de-identification of PHI. Properly de-identified patient information is not considered PHI and does not require patient authorization for use or disclosure.

The HHS Office for Civil Rights identifies two basic methods for properly de-identifying PHI but notes that no method is fail-safe.

"The process of de-identification, by which identifiers are removed from the health information, mitigates privacy risks to individuals and thereby supports the secondary use of data for comparative effectiveness studies, policy assessment, life sciences research, and other endeavors," the document said. Appropriate de-identification can help mitigate the risk of a Health Insurance Portability and Accountability Act violation or breach.

Protected health information generally includes information, such as demographic, that relates to an individual's physical or mental health or condition, treatment or payment for health care that identifies or could be used to identify the individual, and that was created or received by a health care provider, health plan, employer or clearinghouse.

PHI includes such information when transmitted or maintained by a covered entity or its business associates in any form or medium including electronic, hard copy such as paper or film, or oral. The definition exempts such individually identifiable health information as that found in employment records held by a covered entity in its role as an employer, as well as certain educational records.

The HHS Office for Civil Rights identifies two basic methods for properly de-identifying PHI but notes that no method is fail-safe.

"Both methods, even when properly applied, yield de-identified data that retains some risk of identification," the document said. "Although the risk is very small, it is not zero, and there is a possibility that de-identified data could be linked to the identity of the patient to which it corresponds."

The "safe harbor" method of de-identification calls for removal of 18 types of identifiers of the individual or of relatives, employers or household members of the individual, provided that the covered entity has no "actual knowledge" that the information could be used alone or in combination with other information to identify the individual.

The "expert determination" method applies statistical and scientific principles and methods for rendering information not individually identifiable. Sample procedures for the safe harbor method are included in the ADA HIPAA kit, and both methods are discussed in the HHS guidance document.

"Regardless of the method by which de-identification is achieved, the privacy rule does not restrict the use or disclosure of de-identified health information, as it is no longer considered protected health information," the document said.

Under the HIPAA privacy rule, health information is not individually identifiable if it does not identify an individual and if the covered entity has no reasonable basis to believe that it can be used to identify an individual.

Satisfying either method would demonstrate that a covered entity has met the standard for de-identification of protected health information in Section 164.514(a) of the HIPAA privacy rule, the guidance document said.

The document also addresses questions relevant to satisfying each method. ■

—palmerc@ada.org

HHS seeks comment on dental coverage proposal

BY CRAIG PALMER

Washington—Affordable Care Act provisions for pediatric dental services "will improve access to care for consumers who require these benefits," the administration said in a proposed rule.

Health insurance issuers offering coverage in the individual or small-group market must ensure that coverage includes pediatric dental benefits as an essential health benefit.

However, if a stand-alone dental plan is available in the insurance exchanges required by the ACA, qualified health plans offered in the exchange may exclude coverage of the pediatric dental component of the EHB package.

This is the only exception to essential health benefits coverage permitted under the section of the ACA outlining standards for health plans to cover the 10 EHB categories, the regulatory notice said.

The Association is reviewing the 119-page Department of Health and Human Services notice (ADA.org/files/2012-28362.pdf) and expects to respond to the request for comments on proposed standards related to essential health benefits, actuarial value and accreditation.

An issuer of a plan offering essential health benefits "may not include routine non-pediatric dental services … or cosmetic orthodontia as EHB," the proposed rule said. The proposal would set different age limits for pediatric dental and medical child-only coverage, 19 and 21 respectively.

Stand-alone dental plans would be subject to cost-sharing limitations separate from the annual limitation on other EHB coverage, and the proposed rule sets separate actuarial value standards for stand-alone dental plans.

"We proposed that the plan must demonstrate the annual limitation on cost sharing for the stand-alone dental plan is reasonable for coverage of the pediatric dental EHB," HHS said. "We request comment on this proposal and what parameters should be considered a 'reasonable' annual limitation on cost sharing. We note that the annual limitation on cost sharing would be applicable to in-network services only."

HHS discussed various cost sharing alternatives and invited comments on whether the proposed "approach to applying the annual limitations on cost-sharing standard is appropriate for stand-alone dental plans."

Regulation writers expressed greater certainty in an "accounting statement summarizing HHS' assessment of the benefits, costs and transfers associated with this regulatory action," which was offered to satisfy White House Office of Management and Budget requirements in OMB Circular A-4.

"The proposed rule allows that EHB in each state reflect the choices made by employers and employees in that state today, and minimizes disruption in existing coverage in the small group market.

"HHS anticipates that the provisions of this proposed rule will assure consumers that they will have health insurance coverage for essential health benefits, and significantly increase consumers' ability to compare health plans, make an informed selection by promoting consistency across covered benefits and levels of coverage, and more efficiently purchase coverage," the accounting statement said.

"This proposed rule ensures that consumers can shop on the basis of issues that are important to them such as price, network physicians and quality, and be confident that the plan they choose does not include unexpected coverage gaps, like hidden benefit exclusions. It also allows for some flexibility for plans to promote innovation in benefit design."

"The specific approach to defining EHB in this proposed rule realizes the benefits of simplicity and transparency by allowing each state to choose a benchmark from a set of plans that are typical of the benefits offered by employers in that state," HHS said.

"The proposed rule allows that EHB in each state reflect the choices made by employers and employees in that state today, and minimizes disruption in existing coverage in the small group market.

"In addition, the proposed provisions addressing specific benefit categories, such as habilitative services and pediatric dental and vision services, will improve access to care for consumers who require these benefits." ■

—palmerc@ada.org

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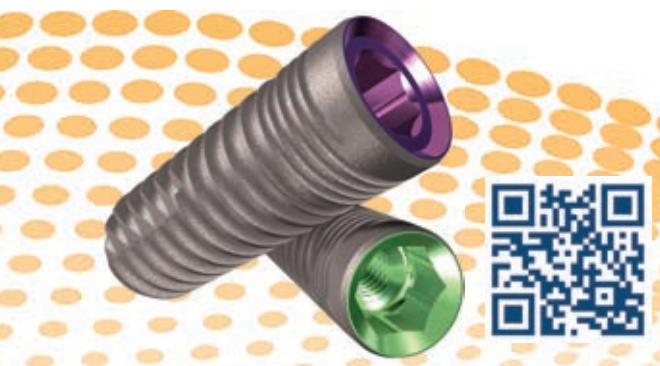
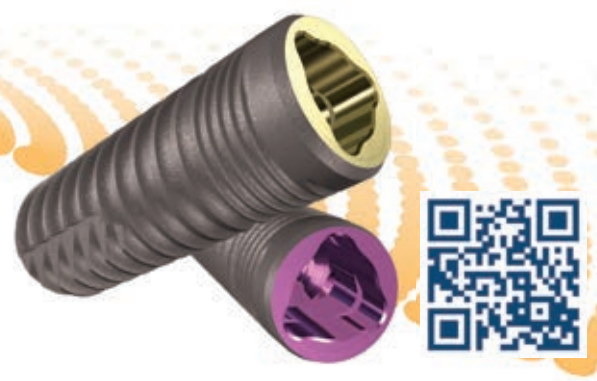


SwishPlant™ Implant
All-in-1 Packaging includes implant, straight abutment/transfer, cover screw & healing collar
$200 vs $705[3] from Straumann®

✓ **Reality Check**
Straumann Customers
Save $505 with SwishPlant

ReActive™ Implant
All-in-1 Packaging includes implant, abutment, transfer & cover screw
$200 vs $694[4] from Nobel Biocare™

✓ **Reality Check**
Nobel Customers
Save $494 with ReActive



Implant Direct's New Las Vegas Training Center
Implant Direct offers an extensive list of educational opportunities at its Las Vegas Training Center with computers at each desk for Image Guided Surgical Training, models/mannequins for hands-on training and a four chair dental office for live surgical demonstrations.

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Price comparisons based upon US list prices as of February 2012. All trademarks are property of their respective companies.
[1]Satisfied among Current and Former Users, by Company US Q211 Millenium Research Group A Decision Research, Inc. Company
[2]US list price for Tapered Screw-Vent with micro grooves, healing collar & straight abutment
[3]US list price for SLActive Tapered Effect implant, closure screw, healing abutment, solid abutment, transfer and comfort cap.
[4]US list price for NobelActive with cover screw, impression coping & abutment
Live surgical demonstrations not available at all courses

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8/01/2012 to 7/31/2015
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Pinellas

Continued from Page 1

fluoridation's safety and health effects and the government's role in the choices of citizens. Commissioners heard testimony from more than a dozen dentists and pediatricians who advocated for continuing fluoridation to improve the dental health of Pinellas County residents and lower the county's costs for dental care for the underserved. Speakers against fluoridation noted their concerns about side effects, government intervention and cost.

After the vote, local dentists and dental societies and other pro-fluoridation individuals and groups began working at the grassroots level to educate policymakers and residents about the benefits of fluoridation.

Local dentists, led by Dr. Johnny Johnson, a pediatric dentist in Palm Harbor, Fla., first set out to provide scientific education to the commissioners who voted to stop fluoridation.

"We met with the four commissioners individually for 10 to 12 hours to address their concerns over fluoridation's safety," said Dr. Johnson. We provided them with a custom-built 500-plus page fluoride reference manual and reviewed it with them to help them learn the scientific basis for the safety and effectiveness of fluoridation. After four months of intense scientific efforts, they each told us that they would not change their votes. So we moved into the political arena to help bring fluoridation back to Pinellas County."

Two former state legislators last spring expressed interest in running for Pinellas County Commission seats in the 2012 general election. Democrats Charlie Justice and Janet Long filed to run on the primary platform to restore fluoridation against Republican commissioners Nancy Bostock and Neil Brickfield, two commissioners who had voted to stop fluoridating.

Dr. Johnson said many area dentists told him they had never previously discussed political issues with their patients, but this year they enthusiastically supported the candidates running on the fluoridation platform.

"The candidates had the full support of our dentists," said Dr. Johnson. "They sent email blasts to their patients alerting them to the issue, posted information on their websites, put yard signs at their offices and homes, made campaign contributions and talked to their patients one-on-one. It was truly a grassroots effort. We weren't supporting candidates on a partisan basis, but on the issue of fluoridation."

Ms. Bostock and Mr. Brickfield were defeated in the Nov. 6 general election—the first Republican incumbents in nearly 30 years to lose in a general election in Pinellas County. On election night, Mr. Brickfield told the Tampa Bay Times, "The voters clearly said they want fluoride in the water. And I will never vote against fluoride again as long as I live."

Since last October, local dentists organized to form the Pinellas County Oral Health Coalition, made up of nearly 24 organizations that shared interest in oral health education, prevention and access to care. The West Coast District Dental Association, Pinellas County Dental Association and Upper Pinellas County Dental Association also collaborated to launch the website, keeppinellasfluoridated.org, where health professionals and patients could find information and tools as well as links to ADA, Centers for Disease Control and Prevention, Florida Department of Health and other resources. The home page tells visitors, "Due to the recent action taken in Pinellas County the affiliates have joined together to educate the public and provide useful information for professionals to become involved in an effort to keep Pinellas County fluoridated."

"The shock waves of the previous 4-3 vote to remove fluoride culminated into a tidal wave of support," said Dr. Buckenheimer. "The citizens of Pinellas County want this cost effective way to help in the prevention of decay, especially for those who are least able to afford other preventive measures."

"I'm so excited," Dr. Johnson added. "This was a great win, especially for those residents who are at or below poverty level and those who are out of work or simply can't afford dental care. Without the collaborative efforts between dentists, hygienists, assistants, our local oral health coalition, physicians and private citizens—as well as the local media keeping the heat on this issue for an entire year—we could never have accomplished this unprecedented goal." ■

—croziers@ada.org

Resource helps health professionals reunify children in disasters

Rockville, Md.—The National Center for Disaster Medicine and Public Health offers the online lesson, Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals.

This online lesson, available at ncdmph.usuhs.edu, provides steps on responding to an unaccompanied child at a disaster scene. The lesson also contains a downloadable reference card that the learner can use during an all-hazards event.

The learning object is accredited for continuing education credits for dentists. To see list of professions, visit ncdmph.usuhs.edu. ■

Vicodin ReVised

- **Reformulated to comply with FDA mandate to lower the acetaminophen content, making these products safer for patients[1]**
- **Now contains 300 mg of acetaminophen[2]**
- **Branded Vicodin, prescribed for more than 35 years, now available at a generic price[3]**

INTRODUCING NEW FORMULATIONS OF VICODIN

Vicodin®
(hydrocodone bitartrate and acetaminophen tablets, USP) CIII
5mg/300mg

Vicodin® ES
(hydrocodone bitartrate and acetaminophen tablets, USP) CIII
7.5mg/300mg

Vicodin® HP
(hydrocodone bitartrate and acetaminophen tablets, USP) CIII
10mg/300mg

INDICATION[2]

VICODIN® **5 mg/300 mg**, VICODIN ES® **7.5 mg/300 mg**, and VICODIN HP® **10 mg/300 mg** (hydrocodone bitartrate and acetaminophen tablets, USP) tablets are indicated for the relief of moderate to moderately severe pain.

IMPORTANT SAFETY INFORMATION[2]

BOXED WARNING

HEPATOTOXICITY: ACETAMINOPHEN HAS BEEN ASSOCIATED WITH CASES OF ACUTE LIVER FAILURE, AT TIMES RESULTING IN LIVER TRANSPLANT AND DEATH. MOST OF THE CASES OF LIVER INJURY ARE ASSOCIATED WITH THE USE OF ACETAMINOPHEN AT DOSES THAT EXCEED 4000 MILLIGRAMS PER DAY, AND OFTEN INVOLVE MORE THAN ONE ACETAMINOPHEN-CONTAINING PRODUCT.

CONTRAINDICATIONS

VICODIN, VICODIN ES, and VICODIN HP tablets are contraindicated in patients previously exhibiting hypersensitivity to hydrocodone or acetaminophen, and also in patients known to be hypersensitive to other opioids, as they may exhibit cross-sensitivity to hydrocodone.

WARNINGS

Controlled Substance: VICODIN, VICODIN ES, and VICODIN HP contain hydrocodone, which is an opioid agonist and a Schedule III controlled substance with an abuse liability.

Abuse and Dependence: VICODIN, VICODIN ES, and VICODIN HP can be abused in a manner similar to other opioid agonists, legal or illicit. Psychological dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, these products should be prescribed and administered with caution.

Hypersensitivity/Anaphylaxis: There have been post-marketing reports of hypersensitivity and anaphylaxis associated with use of acetaminophen.

Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression.

Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury or other intracranial pressure.

Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

PRECAUTIONS

As with any narcotic, special caution should be used when prescribing hydrocodone to elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy, or urethral stricture. Caution should also be exercised with patients who are likely to take other acetaminophen-containing medications, antihistamines, antipsychotics, antianxiety agents, other narcotic analgesics, or other central nervous system (CNS) depressants (including alcohol) concomitantly. When combined therapy is contemplated, the dose of one or both agents should be reduced. Hydrocodone, like all narcotics, may impair mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a car or operating machinery.

The use of monoamine oxidase (MAO) inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone.

VICODIN, VICODIN ES, and VICODIN HP tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. Administration to the mother during labor or shortly before delivery may result in some degree of respiratory depression in the newborn.

ADVERSE REACTIONS

The most frequently reported adverse reactions include lightheadedness, dizziness, sedation, nausea, and vomiting. Prolonged administration may produce constipation.

DOSAGE AND ADMINISTRATION

- **VICODIN 5 mg/300 mg:** The usual adult dosage is one or two tablets every four to six hours as needed for pain. The total daily dosage should **not exceed 8 tablets.**
- **VICODIN ES 7.5 mg/300 mg:** The usual adult dosage is one tablet every four to six hours as needed for pain. The total daily dosage should **not exceed 6 tablets.**
- **VICODIN HP 10 mg/300 mg:** The usual adult dosage is one tablet every four to six hours as needed for pain. The total daily dosage should **not exceed 6 tablets.**

References: 1. Food and Drug Administration Web site. http://www.fda.gov/Drugs/DrugSafety/ucm239821.htm. Accessed June 25, 2012. **2.** VICODIN, VICODIN ES, VICODIN HP [package insert]. North Chicago, IL: Abbott Laboratories. **3.** Data on file, Abbott Laboratories.

For additional information visit www.vicodin.com

Please see Brief Summary of Full Prescribing Information on following pages.

Abbott
A Promise for Life

New name for Code committee

BY KELLY SODERLUND

The group charged with maintaining the CDT Code has a new name but its responsibilities remain as important as ever.

The Council on Dental Benefit Programs changed the Code Advisory Committee's name to the Code Maintenance Committee during its Nov. 16-17 meeting at ADA Headquarters.

"The name change is to clarify that the council authorized this committee to decide which CDT Code change requests should be accepted or declined," said Dr. James Richeson, CMC chair. "This action arose from Code Advisory Committee member feedback that the name did not accurately reflect the committee's responsibilities."

The CMC is a 21-member group that studies, discusses and decides on all changes to the Code on Dental Procedures and Nomenclature. It's a multistakeholder committee comprised of representatives from the ADA, third-party payers, specialty and general dentistry organizations, and dental education.

Dr. Richeson

The purpose of the CDT Code is to achieve uniformity, consistency and specificity in accurately reporting dental treatment by dentists. One use of the CDT Code is to provide for the efficient processing of dental claims and another is to populate electronic health records. In federal regulations published under authority of the Health Insurance Portability and Accountability Act, the CDT Code is named as the sole standard for reporting dental procedures on electronic claims and the ADA is recognized as the owner responsible for its annual review and maintenance.

Previously, the Code was updated every two years but since the formation of the CAC earlier this year and now the CMC, codes will be reviewed, added and revised annually.

"One complaint regarding the Code maintenance process was that the Code was not responsive to the evolving needs of dentistry and that the profession would be better served if necessary changes were not delayed by two years," Dr. Richeson said. "The equivalent sets of codes in medicine are revised at least every year."

The CMC will next meet Feb. 28-March 2 to review the 90 change requests submitted. Change requests can come from anyone but they typically come from dental specialty organizations, the ADA, individual dentists and third-party payers.

The inventory of requests on the CMC meeting agenda will be available for download at www.ada.org/3827.aspx by Dec. 15. To download a blank change request form, visit www.ada.org/3831.aspx.

The first day of the CMC meeting is open to the public and those who submitted change requests, and other interested parties are encouraged to express their views on the proposed changes. The remaining two days are for CMC members to deliberate and take action on all requested changes and any other business. The sessions are open to any interested observers. ■

—soderlundk@ada.org

OHRC website offers variety of resources

Washington—The National Maternal and Child Oral Health Resource Center website (www.mchoralhealth.org) features a redesigned navigation bar so users can browse topics and find links to materials, resources, an order form and contact information for further assistance.

Also available:

• Oral Health Care During Pregnancy: A National Consensus Statement—Summary of an Expert Workgroup Meeting, a document to help states and communities plan, develop and implement programs to help ensure that pregnant women receive optimal oral health services;

• an e-news page and subscription information for email lists and newsletters;

• a list of oral health related organizations including clearinghouses, federal agencies, foundations, Head Start, policy/research centers, professional associations, programs/initiatives and states;

• a state links page with an A-Z list of state offices of oral health and Medicaid information;

• and much more. ■

New app offers portable access to dental procedure codes

Stay plugged in when you're on the go but need access to dental procedure codes with the new 2013 CDT Code Check app for mobile devices.

The app offers the convenience of accessing codes from your iOS (iPhone, iPad) and Android-powered mobile devices (phones and tablets).

Available for $19.99 in the Apple iTunes Store and Google Play, the app contains all the 2013 CDT codes, including 35 new codes and 37 revisions with marked changes. It assists dental professionals who use procedure codes for tasks in developing treatment plans, managing patient charting and submitting insurance claims.

There is also a complete listing of each 2013 CDT Code, including category of service, subcategory, procedure code, nomenclature and descriptor. Users can also search by code number or key word.

To purchase the app, visit either Apple iTunes Store or Google Play and search for CDT Code Check. To learn more about all CDT products, visit adacatalog.org or call 1-800-947-4746. ■

FDI will hold 2013 Congress in Istanbul

Istanbul—In Turkey's largest city, where East and West, past and future flourish together, the FDI World Dental Federation and the Turkish Dental Association will welcome dentists from around the globe for the 101st FDI World Dental Congress Aug. 28-31, 2013, at the Istanbul Congress Center.

The congress, with the theme, Bridging Continents for Global Oral Health, will feature a broad scientific program including panel discussions, conferences, poster presentations, forums and interactive sessions on dentistry's cutting edge topics and disciplines. The program will also feature morning breakfast meetings, meet the expert sessions, a year in review session and courses for other oral health team members as well. The official language of the congress is English. (The list of scientific sessions will be available in January 2013 at www.fdi2013istanbul.org.)

Dentists interested in participating in the scientific program by presenting at the meeting can submit an abstract by March 29, 2013. (See the meeting website for more details.)

Outside the convention center, Istanbul's culture, architecture, cuisine and attractions offer something for everyone.

Social programs available to those attending the meeting include the FDI opening ceremony Aug. 28 in the ICC auditorium, the Gala Dinner Aug. 29 at the Rumeli Garden and a Bosphorus cocktail cruise Aug. 30.

Istanbul's history is rich and varied, from its founding by King Byzas around 660 B.C. as Byzantium; to its tenure as Constantinople, the eastern capital of the Roman Empire established in 330 A.D.; and later Kostantiniyye, the capital of the Ottoman empire in 1453 A.D., when it became a hub of Islamic culture. Istanbul became the preferred name after the formation of the Republic of Turkey in 1923. The city's historic roots, both Christian and Islamic, are evident in the city's stunning and varied architecture, including mosques, castles, palaces, churches and monuments.

Istanbul stretches along both sides of the Bosphorus strait, the waterway that connects the Black Sea to the Sea of Marmara. Its two suspension bridges connect Europe to Asia.

The FDI has planned several short tours that highlight Istanbul's many treasures and attractions. Guests can explore sites including the Roman Hippodrome (an ancient chariot race track), the Serpentine Column, the Column of Constantine, the Egyptian Obelisk, the Church of St. Saviour, the Byzantine Basilica, the Topkapi Palace, the Grand Bazaar, Hagia Sophia Museum, the Basilica Cistern, the Istanbul Archaeological Museum and the Ottoman Blue Mosque. Two tours also feature cruises. One cruise sails up the Bosphorus to the Black Sea showcasing suspension bridges, Ottoman summer palaces, waterside mansions and villas that line both the European and Asian coasts. The other cruise takes guests on the Marmara Sea to Princes' Islands, where transportation is limited to bicycles, foot traffic and horse-drawn carriages. Guests will tour the main island of Büyükada via horse drawn carriage; Leander's Tower, a Byzantine fort, lighthouse, prison and isolation hospital; Topkapi Palace, residence of the Ottoman sultans; and Üsküdar, one of Istanbul's oldest suburbs.

A pre-congress tour to Cappadocia will be available Aug. 26-28 and post-congress tours to Ephesus and Gallipoli and Ancient Troy are set for Sept. 1-3.

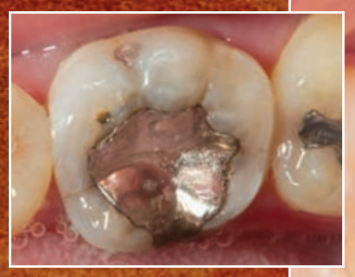
Istanbul's dining choices range from traditional Turkish dishes to cosmopolitan international fare. Turkish cuisine encompasses the influences of Europe, Asia, the Middle East and Africa and features fresh fruits, vegetables and breads; mezze (hors d'oeuvres like hummus, baba ganoush, stuffed grape leaves and more); kebobs—chicken, meat, fish or vegetable; meatballs and fresh seafood; teas and desserts from fresh fruits, to pastries to Turkish Delight.

Shopping ranges from the Grand Bazaar, a 4,000-shop trading center for traditional items like gold, carpets, pottery and Turkish produce for six centuries, the Egyptian Spice Bazaar, filled with spices, herbs and snacks like nuts, fruits and Turkish Delight; to modern upscale malls and shopping centers.

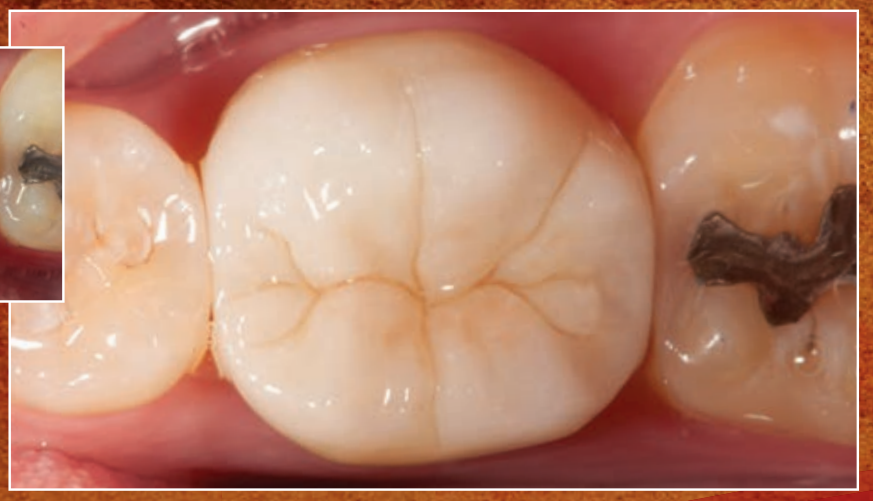
Register for the meeting, social programs and tours at www.fdi2013istanbul.org. The website also offers links to reserve hotel accommodations and flights and information for visitors. ■

Between continents: At the southern end of the Bosphorus Strait, Leander's Tower is one of Istanbul's most famous landmarks.

BruxZir® restorations ...



Before



After

"This endodontically treated molar had a large amalgam and a fracture, necessitating a full coverage crown. I selected BruxZir for its conservative nature (as thin as 0.5 mm) and the fact that I will get a great fit in the gingival third due to its natural emergence profile. I'm not sure my patient is going to floss as much as he should, and I want to make sure I do my part to help his gingival health."

— Michael C. DiTolla, DDS, FAGD

Authorized BruxZir™ LABORATORY

Authorized BruxZir Laboratories

LABORATORY	CITY	STATE	PHONE
Barksdale Dental Lab	Athens	AL	256-232-1772
Burdette Dental Lab Inc.	Birmingham	AL	800-624-5301
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
Scrimpshire 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
Dental Studios of Western Massachusetts, Inc	West Springfield	MA	413-787-9920
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
Spartan Dental Lab	Lansing	MI	800-678-2227
U.S. Dental Laboratories	Southfield	MI	248-557-8029
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

a more lifelike emergence profile

vs

This image represents the typical PFM prep we receive with a conservative feather-edge margin. When a PFM is fabricated for this prep, there is a bulky 1 mm margin on the PFM that catches on the explorer. Even if the margin is sealed, the emergence profile is unacceptable.

This image represents the typical PFM prep we receive with a BruxZir crown in place. Because it is a monolithic crown and can be milled to a feather edge, there is no bulk of material, or "speed bump," at the margin. Dentists tell us their explorer cannot detect where the tooth ends and the BruxZir crown begins.

Authorized BruxZir Laboratories

LABORATORY	CITY	STATE	PHONE
Becker Dental Lab, Inc.	Herculanem	MO	800-963-6691
Keller Laboratories, Inc. **	Fenton	MO	800-325-3056
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Midwest Dental Laboratory	St. Louis	MO	800-325-8011
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
Western Dental Arts	Billings	MT	406-652-1652
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
InfiniDent	Charlotte	NC	800-659-5977
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
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
Natural Arts Dental Laboratory	San Antonio	TX	800-322-6235
Oral Designs Dental Laboratory, Inc. **	San Antonio	TX	800-292-5516
PCB Dental Lab	Richardson	TX	972-671-3894
Rose Dental Laboratory	Stafford	TX	281-565-3600
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
Accudent Dental Lab	West Jordan	UT	801-231-6161
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
Via Digital Solutions **	Sandy	UT	888-484-6842
Art Dental Lab	Chantilly	VA	888-645-7541
NexTek Dental Studios	Manassas	VA	800-678-7354
P & R Dental Lab Inc.	Alexandria	VA	703-916-8866
The Point Dental Studio, LLC	West Point	VA	804-337-5477
McElvain Dental Laboratory	Colville	WA	509-684-8620
Pacific Dental Arts Inc.	Olympia	WA	877-438-1882
Ziemek Aesthetic Dental Lab **	Olympia	WA	866-943-6357
Haag Dental Laboratory	Kenosha	WI	262-694-4732
Lord's Dental Studio	DePere	WI	800-821-0859
Saber Dental Studio	Waukesha	WI	800-365-3210
Midtown Dental Laboratory	Charleston	WV	800-992-3368

INTERNATIONAL SERVICING THE U.S.

Smith-Sterling Dental Laboratories **	Cartago	Costa Rica	800-479-5203
EPS Dental Studio	Cuernavaca, MO	Mexico	347-246-5203
Pacific Edge Dental Laboratories **	Baja California	Mexico	800-889-9323

CANADA

Core 3D Centres, LLP	Calgary	AB, Canada	877-308-7717
Highland Dental Laboratory	Calgary	AB, Canada	800-504-3199
Protec Dental Laboratories Ltd. **	Vancouver	BC, Canada	800-663-5488
Impact Dental Laboratory	Ottawa	ON, Canada	800-668-4691
Smile Designs	Guelph	ON, Canada	519-836-1100
Carlton Dental Labs	Prince Albert	SK, Canada	800-667-5525

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CDBP voices concern to United Concordia Companies on radiograph policy change

BY KELLY SODERLUND,

When it comes to advocating for members, the Council on Dental Benefit Programs may not win every time but it does try its hardest to achieve a positive result.

CDBP staff and council members became aware in November that United Concordia Companies Inc. is changing its periapical radiograph policy in Washington, Oregon, Idaho and Montana on Jan. 1, 2013. Originally, the carrier planned to deny all periapical radiographs taken concurrently with a periodic evaluation.

The previous communication from UCCI stated that periapicals taken in conjunction with a periodic exam will be denied. Dentists would have to file an appeal after receiving a denial from UCCI.

"The FDA guidelines accepted by the ADA and American Academy of Pediatric Dentistry do not include routine periapicals with a periodic evaluation, but there can be legitimate reasons for taking them as described in the new communication," said Dr. David May, CDBP chair.

"Whether a patient has a specific complaint that must be investigated, the dentist notices something abnormal that requires a radiograph to complete the diagnosis or there is a need to monitor growth and development, there are legitimate reasons to take periapical radiographs. The point of agreement between UCCI and the ADA is that periapical radiographs should not be taken routinely during a periodic evaluation."

CDBP staff began a dialogue with UCCI executives, voicing concern that dentists would be required to file an appeal to be paid, even when proper justification was submitted.

There was an agreement that justification was in order to provide treatment outside the guidelines but that the justification submitted with the initial claim should be sufficient for payment. UCCI agreed to this, but it didn't end there.

> **"Although the outcome is not entirely what we had hoped, this is a good example of CDBP going to bat for ADA members."**

Beginning Jan. 1, for periapical radiographs taken with a periodic evaluation, UCCI will begin requiring dentists to submit both justification and a copy of the radiograph.

"CDBP sees the rationale for the justification, but not to submitting a copy of the radiograph," Dr. May said.

"The issue is the reason for taking the radiograph, not what is subsequently seen on the radiograph. For this reason, CDBP is still unable to understand the rationale for requesting a copy of the radiographs. The procedure in question is the taking of the radiographs, not any subsequent procedure or diagnosis. This is the only issue when deviating from the guidelines. Review of the radiographs will not provide more information about the reason for taking the radiographs than will the written justification, and it's an unnecessary burden when the doctors are already being asked to do a completely new thing. What if there is an absolutely legitimate reason for taking the radiographs, but they serve to rule out a problem? There will be nothing to note on the radiograph."

CDBP members and staff believe the policy change presents an opportunity to explain the position on justification for treatment performed outside accepted guidelines.

"Dentistry has not had much experience with this because dentists do not submit a diagnosis with their claims. Health care providers will be accountable for the care they provide and there is no reason to disagree if the required justification is based on guidelines that the ADA accepts," Dr. May said.

The ADA is actively involved in evidence-based dentistry and the Dental Quality Alliance to ensure that guidelines and quality measures are developed appropriately and that diagnosis is linked to treatment correctly. It is likely a diagnosis will eventually be required for all treatment, Dr. May said.

"The success we had with the UCCI payment policy is that the claim will be paid on initial submission if justification is submitted with the claim," Dr. May said. "There is no disagreement that routine periapical radiographs with a periodic evaluation will be denied."

At its meeting Nov. 16, CDBP discussed where dental financing is headed, what future preparations need to be made and what the ADA can do to proactively influence dental financing.

Guidelines, risk assessment and diagnosis were included in that discussion, and the ADA is at the table to see that these aspects of dental care are developed and used appropriately.

"Although the outcome is not entirely what we had hoped, this is a good example of CDBP going to bat for ADA members," Dr. May said.

"Many times throughout the year, CDBP staff will contact dental benefit plan carriers to discuss issues that affect member dentists and/or the public. While contractual issues and plan design may limit the desired changes, most carriers are open to discussion." ■

—soderlundk@ada.org

ADA updates dental radiography recommendations

Should serve in conjunction with dentists' judgment

BY KELLY SODERLUND

The ADA, in collaboration with the Food and Drug Administration, has released updated recommendations for the prescription of dental radiographic examinations.

"Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure," which was last updated in 2004, should serve in conjunction with dentists' professional judgment on when it's appropriate to use diagnostic imaging.

Radiographs can help dentists evaluate and diagnose many oral diseases, but the ADA also recommends that dentists weigh the benefits of taking dental radiographs against the risk of exposing a patient to X-rays, the effects of which can accumulate from multiple sources over time.

The dentist is in the best position to make this call since he or she knows the patient's health history and their vulnerability to oral disease.

"We are encouraging dentists to look at the issue of selecting radiographic examinations for their patients on an individual basis, not as a one-size-fits-all," said Dr. Sharon Brooks, professor emeritus at the University of Michigan, who worked as a consultant with the ADA Council on Scientific Affairs to develop the new set of recommendations.

"The guidelines are to help them make the decisions on the appropriate use."

It's important to have a concrete set of recommendations dentists can point to if patients have questions or concerns about the level of radiation they may be exposed to, Dr. Brooks said.

"We are encouraging dentists to look at the issue of selecting radiographic examinations for their patients on an individual basis, not as a one-size-fits all."

The recommendations are intended to serve as a resource for the practitioner and are not intended to be standards of care, requirements or regulations.

The CSA and its consultants began working on updating the document about a year ago.

It was then sent out for peer review to the American Academy of Oral and Maxillofacial Radiology; American Association of Endodontists; American Association of Orthodontists; American Academy of Periodontology; American Academy of Oral and Maxillofacial Pathology; American Academy of Pediatric Dentistry; American Association of Oral and Maxillofacial Surgeons; American College of Prosthodontists; American Association of Public Health Dentistry; and Academy of General Dentistry.

The nondental groups that were asked to review the recommendations included the FDA; National Council on Radiation Protection and Measurements; Conference of Radiation Control Program Directors; and American Association of Physicists in Medicine. Within the ADA, the recommendations were also sent for review to the councils on Dental Practice; Access, Prevention and Interprofessional Relations; Dental Education and Licensure; and Dental Benefit Programs.

Highlights from the updated document include:

- Removing a stronger recommendation for thyroid collar use for children, women of childbearing age and pregnant women. The strength of the recommendation is now the same for all patients.
- A new section that was not in the 2004 document, which expands upon the 2006 CSA report, "The Use of Dental Radiographs: Update and Recommendations."
- New topics that were not covered in the 2006 CSA report such as receptor selection, handheld X-ray units, technique charts and radiation risk communication.
- Changing the recommendation for shielding to be consistent with the National Council on Radiation Protection and Measurements.

To view the report in its entirety and to learn more about radiation exposure, visit ADA.org and search for "radiography." ■

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Recovery symposium

Henry Schein extends helping hand to dentists in Hurricane Sandy's aftermath

BY KAREN FOX

New York—Henry Schein Inc. held a symposium last month to help dentists affected by Hurricane Sandy get back on their feet, bringing together speakers from the ADA Foundation and the government, insurance and banking industries.

In a New York City hotel Nov. 16, Henry Schein held the Recovery Empowerment Symposium to support practice recovery for health care professionals, drawing representation from 59 practices—about half of which were dental practices.

"We felt it was important to help people get through this and make sure that health professionals in affected areas had access to critical information for recovery."

"This program was a template for pre-disaster preparation and post-disaster response that needs to be widely disseminated," said Dr. David Whiston, president of the ADA Foundation, a speaker at the event.

To that end, information from the symposium is being made available to anyone in need. Videos of Nov. 16 presentations are on YouTube. (Search for "Henry Schein Recovery Empowerment Symposium.")

"Unfortunately, this program was necessary," said Steve Kess, vice president of global professional relations at Henry Schein Inc. "We felt it was important to help people get through this and make sure that health professionals in affected areas had access to critical information for recovery."

Plans for the symposium were put in motion well before Sandy swept ashore, said Mr. Kess.

"Based on the weather reports, we anticipated that we should plan a recovery symposium just like we did after Hurricane Katrina," he explained. "We scheduled it for two weeks after Hurricane Sandy to try to get information to those in need as quickly as humanly possible."

Henry Schein invited Dr. Nicholas Mosca, dental director for the state of Mississippi during Hurricane Katrina, to share his perspective at the Recovery Empowerment Symposium, along with other dentists who went through the same type of challenges during Katrina. Dr. Mosca participated in Henry Schein Cares' Road to Recovery, the charitable initiative to support practices in Louisiana, Mississippi and Alabama during Katrina.

As in Katrina's aftermath, health professionals need not be customers of Henry Schein to participate in recovery symposia.

"These events were designed to help all office-based professionals learn more about the resources that are available for them in recovering from a disaster that happened to them both professionally and in many cases personally," said Mr. Kess.

Practice support: Steve Kess (at podium) of Henry Schein addresses a crowd of practice owners affected by Hurricane Sandy at the symposium.

Experts from the Federal Emergency Management Agency, the Small Business Administration, insurance and banking industries, and Henry Schein advised practitioners on ways to access aid and the type of documentation needed to estimate damages and other costs.

"Many of the dentists affected by Sandy are facing severe damage while others are facing business interruption issues," said Mr. Kess. "What happened in many cases is that the practices are still intact but the patients have stopped coming, or the building may have been damaged.

"Overall, the amount of extensive damage was less than expected, which was good news. But the bad news is that business interruption support is needed because the storm had a tremendous impact on patients being able to come for appointments followed by the gas shortage, which resulted in enormous cancellations for appointments."

In addition to sharing the "all hands on deck" volunteer and staff effort under way to help those harmed, Dr. Whiston spoke about the ADA Foundation's implementation of Emergency Disaster Assistance Grants of $1,000 for immediate resources such as food, water, clothing and shelter. The Foundation added the grants to its Disaster Assistance Grant program that offers up to $5,000 for longer term needs. (For more information, visit www.ada.org/adafoundation.aspx.)

Dr. Whiston: "This program was a template for pre-disaster preparation and post-disaster response that needs to be widely disseminated."

The symposium drew attendees from the dental, medical and animal health professions. Henry Schein is the world's largest supplier of health care products and services for these professionals. ■

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MedCASH can bring peace of mind

BY KELLY SODERLUND

Peace of mind can be priceless.

But in the case of protecting yourself and your family with an ADA-sponsored member insurance plan, the price isn't that high. MedCASH coverage pays cash benefits directly to a participating dentist or their family member who is in the hospital or faced with a critical medical condition. This can be less than $16 per year with the ADA-sponsored coverage underwritten through Great-West Financial.

"It's up to the insured how they want to use the money paid to them directly from the MedCASH plan. They can apply it to cover deductibles, copays or other costs not covered by their primary health insurance; pay for prescriptions and over-the-counter medications; or cover household bills," said Dr. Thomas M. Paumier, chair of the ADA Council on Members Insurance and Retirement Programs.

Dentists confined to a hospital because of an accident or illness can receive a hospital coverage daily benefit of $100, $300 or $500 (whichever they choose at enrollment) for each day of their stay, up to 500 consecutive days in most cases. The 100 percent daily benefit is also available for outpatient surgery, such as a colonoscopy. Fifty percent of the hospital cash benefit is available for up to 25 cancer treatments (chemotherapy or radiation), up to five emergency room visits and up to 10 days in the hospital because of pregnancy or childbirth.

The basic MedCASH plan also includes a critical conditions benefit if an insured is diagnosed with one of 17 qualified medical conditions, such as stroke, cancer or cardiac arrest. This benefit pays up to 10 times the daily hospital coverage amount—$1,000, $3,000 or $5,000 in one lump sum.

Members interested in higher coverage limits can apply for the MedCASH 100 plan that yields up to 100 times the hospital coverage daily benefit. For example, a $500 daily hospital benefit would provide $50,000 in a lump sum for first diagnosis of a critical medical condition.

And again, it's affordable. For example, a 50-year-old dentist who elects the basic hospital coverage with a $500 daily benefit is looking at $200 per year. Opt for the MedCASH 100 plan and the premium is $730 per year with a $500 daily benefit and $50,000 of critical condition coverage.

Dr. Paumier

"It's really an exceptional member value. For the price of dining out, members can have the peace of mind of added insurance protection to guard against the high cost of medical care," said Dr. Robert A. Coleman, CMIRP vice chair.

Coverage is available for all ADA members under the age of 60. Members can also apply for coverage for their spouse or domestic partner, if under age 60, and dependent children under the age of 21 or 27 if they're a full-time student. The hospital coverage is renewable to age 90 and critical condition coverage can be renewed to age 65.

Acceptance for basic MedCASH coverage is guaranteed. Those interested in the MedCASH 100 plan will need to complete a brief medical questionnaire but do not have to submit to a paramedical exam.

"The Council on Members Insurance and Retirement Plans encourages member dentists to take advantage of the valuable ADA benefits of membership including the ADA-sponsored MedCASH plan and life and disability products," Dr. Paumier said.

For more information on MedCASH, visit www.insurance.ada.org or call 1-866-607-5330 for personalized assistance. ■

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Connecticut takes action

CSDA governance measures approved

BY CRAIG PALMER

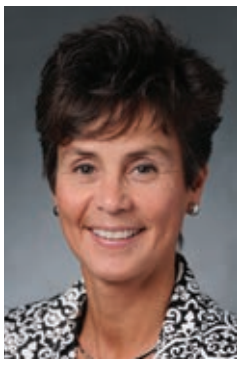
Southington, Conn.—The CSDA House of Delegates downsized itself in a governance review toward "streamlining our state association," said Dr. Carolyn J. Malon, president.

"We held our House of Delegates this week and passed all the resolutions the Governance Review Committee submitted," Dr. Malon said in a Nov. 18 email. "The changes we have made are as follows:

- reduced the size of our House from 87 to 61;
- imposed term limits for delegates (10 years) and council chairs (5 years);
- changed the term of office for Speaker and Secretary of the house to 3 years with a limit of 2 terms;
- eliminated the requirement for 2 House of Delegates meetings per year; we will have one annual meeting with the ability to add a second if necessary."

The Connecticut State Dental Association's 148th Charter Oak Dental Meeting is scheduled for May 8-10, 2013.

"Our goal has been to streamline our structure, to introduce best practices to our organization and to optimize our volunteers' time and efforts," said Dr. Malon, who also chairs the Governance Review Committee. "We are continuing to meet and make further recommendations to the House. It is a slow process but has been very worthwhile, and the members of the committee hope that our efforts will help the CSDA to attract and best utilize volunteers.



Dr. Malon

"We still need to look into how our components and districts are configured; that's the big item that still needs to be addressed," Dr. Malon said. ■

House reviews ADA governance

San Francisco—The ADA House of Delegates at the October Annual Session addressed but did not approve resolutions on a new allocation of delegates and the sunsetting of one council. The House asked for additional study on the structure of councils and the role of the House in the budget process. A constitutional amendment to sunset vice president positions was forwarded to the 2013 House of Delegates.

Task forces will be appointed to address some of these issues for consideration by the 2013 ADA House of Delegates. ■

The December Review covers injection safety, occlusal registration materials

BY JEAN WILLIAMS

The December edition of ADA Professional Product Review examines occupational risk of percutaneous injuries in dental practice and also evaluates vinyl polysiloxane occlusal registration materials.

Percutaneous injuries include those made by sharps, needles and burs. The article, "Safe Injection Practices: Protecting Dentists, Their Staff and Their Patients," explores examples of products and resources to prevent percutaneous injury risks.

Vinyl polysiloxane occlusal registration materials also get The Review treatment, with an evaluation of eight products that the ADA purchased and tested in its laboratory.

Previously a quarterly printed publication distributed with JADA, the Review transitioned to an online quarterly publication in April 2012 with an executive summary published in JADA. The December issue is the third that is fully online.

Visit www.ada.org/ppr to access the Review. ■

LEGAL

Man indicted for attempted fraud of ADA members

BY KAREN FOX

Boston—No ADA members were harmed by a fraudulent fax scheme thanks to swift action taken when reports of the scam first surfaced in January.

Now the man responsible for unlawfully issuing thousands of allegedly fraudulent invoices seeking payment for ADA and other association membership dues has been indicted on seven counts of wire fraud and eight counts of mail fraud.

The U.S. Attorney's Office in Boston Oct. 3 announced that Darren Stokes of Stoughton, Mass., faces up to five years in prison to be followed by three years of supervised release and a $250,000 fine on each count. "It is alleged that Stokes induced hundreds of businesses to send checks to mailing addresses that he controlled," said the U.S. Attorney's Office in a statement.

In a civil case the ADA brought against Mr. Stokes, the U.S. District Court awarded a judgment of $507,150—the entirety of the damages requested—to the ADA. The judgment reflects the amount of money Mr. Stokes could have received from ADA members had his plan worked. In entering the judgment, the court noted that the damages were justified in light of "the egregious fraudulent scheme" that Mr. Stokes attempted to perpetrate. It's unlikely the judgment will be collected at this time, but the ADA has recorded the judgment in case circumstances should change in the future.

> **"Because of the quick action of all concerned, we are pleased to say that none of our members were defrauded."**

Shortly after the new year, several ADA members raised questions about invoices they received by fax asking for payment of ADA membership dues. On Jan. 3, the ADA began issuing email alerts to inform members, state and local dental societies, recognized specialty organizations and others in the dental community that the ADA does not collect dues by fax, and to not respond or send payment to the post office box listed on the invoice.

The Association's legal team immediately took measures to seize any mail directed to the P.O. box listed on the faxes. Within 48 hours of learning about the attempted fraud of members, the ADA filed an action in the Boston federal court and received a temporary restraining order requiring that mail sent to the box be held by the U.S. Postal Service. Twelve days later, the temporary restraining order became a preliminary injunction. Based on current information, it's estimated that about 300 ADA members across the nation received the invoices, though it remains unknown how Mr. Stokes obtained their names and fax numbers.

"This was a crisis averted," said Dr. Kathleen O'Loughlin, ADA executive director. "Our thanks go out to the many members who received the fraudulent faxes and alerted the ADA. Thanks to email communications, we were able to inform dental societies and organizations about the faxes almost immediately. Because of the quick action of all concerned, we are pleased to say that none of our members were defrauded."

ADA dues invoices for tripartite members are sent by the constituent dental societies, and members are encouraged to remain vigilant about any renewal communications they receive via fax or email.

Mr. Stokes' scheme went beyond the ADA. He allegedly billed members of the National Association of Manufacturers, the Automotive Parts Remanufacturers Association, the American Trucking Association, the Associated General Contractors of America and the National Hospital Association for dues payments and directory listings. The U.S. Attorney's Office said that Mr. Stokes cashed over $150,000 in checks obtained through his fraudulent schemes. ■

—foxk@ada.org

FDA reviews safety of blood thinner

BY JEAN WILLIAMS

The anticoagulant dabigatran (Pradaxa) does not appear to cause higher bleeding rates in patients than warfarin, another blood thinning medication, according to a U.S. Food and Drug Administration assessment.

The FDA launched a safety evaluation of Pradaxa following a large number of postmarketing reports of serious bleeding in patients taking the drug last year.

Dabigatran (Pradaxa) and warfarin (Coumadin and Jantoven) are medications used to reduce the risk of stroke and blood clots in patients with nonvalvular atrial fibrillation, the most common type of heart rhythm abnormality, according to the FDA. "The risk of bleeding is a well-recognized risk of anticoagulant drugs," the FDA said in its safety review. The FDA maintains that Pradaxa "provides an important benefit when used as directed."

Dentists who are concerned about periprocedural and postprocedural bleeding should contact the patient's cardiologist regarding the patient's anticoagulant regimen and discuss optimal patient management before discontinuing these medications. Stopping therapy increases the risk of thromboembolic events.

"It is important for dentists to conduct a thorough medical history and update it regularly," said Dr. Daniel Meyer, senior vice president of Science/Professional Affairs, ADA Division of Science. "Part of the medical history is to determine if patients are taking any medications which might influence or have an effect on their oral health and/or medical care. When issues, concerns or questions arise, dentists should consult with the patient's primary care health care provider or specialist prior to providing definitive care."

The ADA has resources on anticoagulant, antiplatelet medications and dental procedures at www.ada.org/2526.aspx.

Health care professionals and patients are encouraged to report adverse events related to the use of Pradaxa to FDA's MedWatch Safety Information and Adverse Event Reporting Program at www.fda.gov/MedWatch/report.htm. ■

ASDA leaders face future at Chicago event

Photos by Edward Fox Photography

Networking: The Meharry Medical College of School of Dentistry chapter works together during the American Student Dental Association's National Leadership Conference in Chicago Nov. 2-4. From left are Christian Ortiz, Kyle Sharow, Allyson Grinage and Sabrina Joline-Ellis.

New beginnings: Justin Jones and Melanie Whalen (at right), representing the A.T. Still University Arizona School of Dentistry and Oral Health, interact during a workshop at ASDA's National Leadership Conference, which drew 364 predoctoral and 22 predental students. The event was held to provide leadership training for ASDA members with sessions on advocacy, career planning, business leadership and more. ASDA garnered kudos from participants for the first-ever conference. Christian Piers, University of Colorado class of 2016, wrote: "I just gave a presentation on what I learned to our local ASDA chapter. The subjects covered [at the event] were so applicable I ended up getting mobbed by first years asking how to learn more and how to get more involved. If your intention was to have the conference ignite a buzz back in the local chapters, you've succeeded."

"The American Dental Association is one of the most influential trade lobbies in the country and has one of the top-spending health-care PACs."

— Wall Street Journal, 8/24/12

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Other notable events of 1913

Some highlights from the year JADA was founded, listed by the month in which they took place.

January

• Delta Sigma Theta, the world's largest sorority for African-American women, is founded at Howard University, Washington, D.C.

• Jim Thorpe is forced to relinquish two Olympic gold medals he'd won the year before when it is disclosed that he played professional baseball in 1909-10; at the time, professionals were not allowed in the Olympics; Thorpe reportedly had been paid $2 a game to play baseball in the Eastern Carolina League.

February

• The New York Armory Show introduces Pablo Picasso, Henri Matisse and Marcel Duchamp to U.S. art lovers.

• A small prize is first included in a box of Cracker Jack.

March

• Woodrow Wilson is inaugurated 28th U.S. president.

• The Internal Revenue Service begins to levy and collect income taxes.

May

• The British House of Commons rejects a measure that would give women the right to vote.

June

• Protesting the Commons vote, suffragette Emily Davison throws herself into the path of a horse at Epsom Derby; the horse, Anmer, is the property of King George V; Ms. Davison succumbs to her injuries four days later.

July

• At Gettysburg, in the Great Reunion of 1913, Confederate veterans reenact Pickett's Charge; upon crossing the famous field, they are greeted with open arms by tearful Union survivors.

August

• Otto Witte, an acrobat, is crowned King of Albania.

September

• Lincoln Highway opens; it's the first paved coast-to-coast U.S. highway.

• In an 18-hole playoff, 20-year-old amateur golfer Francis Ouimet defeats professionals Harry Vardon and Ted Ray to win the U.S. Open; years later, the match is declared "The Greatest Game Ever Played" in a movie of the same name; Ouimet's winnings: $300.

October

• Automaker Henry Ford introduces the moving assembly line.

November

• The Official Bulletin of the National Dental Association debuts; it is the forerunner to The Journal of the American Dental Association.

• Notre Dame upsets Army 35-13 in a game credited with the first effective use of the forward pass.

December

• The "Mona Lisa," stolen out of the Louvre Museum in 1911, is recovered; a Louvre employee had simply walked out of the museum with it under his coat; he is arrested when he attempts to sell it to a museum in Italy.

—James Berry

JADA

Continued from Page 1

Dr. Glick, the JADA Editorial Board, the current JADA staff and to all those who came before in a remarkable century of progress."

The centennial celebration will kick off with a special January editorial jointly written by Dr. Glick and Dr. Bruce Pihlstrom, JADA's associate editor for research.

A clinical dental researcher who practiced dentistry for more than 30 years, Dr. Pihlstrom also produces JADA's Journal Scan feature. And some months ago, he consented to take on yet another role with JADA: Centennial Editor.

"Perhaps more than any other dental publication, JADA provides a living history that documents the evolution of dentistry from the early 20th century to the present," Drs. Glick and Pihlstrom note in their editorial.

JADA, they add, has long been "an important source of peer-reviewed scientific information for all health practitioners" and has played a key role in "shaping the direction of our profession and in the prevention and treatment of oral disease."

After January, each of the 11 JADA issues in 2013 will spotlight a specially selected "landmark" article that was published in JADA over its first century. From February through December, each issue will include a brief excerpt of the landmark article, a link to the full article online, and a commentary on the article and its contribution and importance to dentistry.

Recruited to write the commentaries were health care professionals with firsthand knowledge about the article or its topic, or with a special interest in the topic.

As Centennial Editor, Dr. Pihlstrom—formerly with the National Institute of Dental and Craniofacial Research and current professor emeritus at the University of Minnesota—had the task of overseeing the selection of both the landmark articles and commentary authors.

"It was very difficult to narrow the field, very challenging," he said of the articles. "It was a challenge, but also exciting to be able to look at the last 100 years and attempt to identify articles that could be considered landmarks."

The selection process was not an exact science, he noted. Other articles—and many additional articles—could have qualified as landmarks. But the assignment was to choose 11.

Dr. Pihlstrom oversaw the process, but he didn't work alone. He consulted dentists from every walk of the profession: general dentists and specialists, private practitioners, educators, public health dentists, other

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Dr. Glick

Dr. Pihlstrom

One man, two very large hats

BY JAMES BERRY

The first editor of The Journal of the American Dental Association was Dr. Otto U. King (1873-1951) of Huntington, Ind., who held the post from 1913 until 1925.

Then as now, the editorship was a big job, but Dr. King had an even larger role in the life of the Association. For much of the time he served as editor, he also held the office of executive secretary, a post that was forerunner to today's executive director.

Born in Huntington on March 18, 1873, Dr. King graduated from Northwestern University Dental School in 1897 and joined what was then the National Dental Association, now the ADA.

He became executive secretary of the NDA in 1913 and, with input from a committee formed years before, launched the Official Bulletin, a quarterly publication that would become JADA. For his first few years as secretary and editor, he also maintained a private dental practice, working out of his office in Huntington.

In 1917, The Bulletin went from a quarterly to a monthly, and Dr. King resigned his private practice to devote more time to his work with the Association. He also let go of the proofreader who had been assisting him on the Bulletin and assumed her duties as well as her small salary.

Dr. King

Five years later, in 1922, the National Dental Association became the American Dental Association, and the Official Bulletin became JADA.

The Board of Trustees in 1925 recognized that the combined duties of secretary and editor had become burdensome. The Board appointed a new editor, retaining Dr. King as secretary and business manager until his retirement in December 1927.

Dr. King died on Aug. 13, 1951. He was 78 years old. ■

Who's who of JADA editors

Since its introduction a century ago, JADA has had an even dozen editors, including the current editor, Dr. Michael Glick.

Editor	Term
Otto U. King	1913-1925
Charles N. Johnson	1925-1938
L. Pierce Anthony	1938-1944
Harold Hillenbrand	1944-1947
Lon W. Morrey	1947-1963
Leland C. Hendershot	1963-1973
Herbert C. Butts	1974-1977
Roger H. Scholle	1978-1986
William Wathen	1987-1990
Lawrence H. Meskin	1990-2001
Marjorie K. Jeffcoat	2001-2004
Michael Glick	2005-present

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Continued from Page 22

researchers, men and women. He consulted other health professionals and sources such as the National Library of Medicine, the ADA Library and JADA's own Editorial Board.

"We also talked to some patients to get a sense of how dental care had changed for them over the years," he said.

To qualify for landmark status, an article had to meet one or more of the following criteria:

- at the time of publication, the article summarized the state of knowledge on a topic of major interest in dentistry;
- it presented or summarized research or knowledge that led to increased understanding of oral disease or its prevention and treatment;
- the article presented or summarized research or knowledge that changed dental or public health practice.

Both JADA and the ADA News are produced within the ADA Publishing Division under Managing Vice President and Publisher Michael D. Springer.

The dental industry, said Mr. Springer, has played a vital role in the growth of the profession and the success of The Journal. "New products and innovations have transformed the practice of dentistry and the oral health of the public," he said, adding that industry support also has helped make JADA the profession's premier scientific journal.

JADA Editor Michael Glick, who also is dean of the School of Dental Medicine, University at Buffalo, The State University of New York, described the ADA Journal as a "catalyst for advancement in dentistry" and both "a witness to and central participant in the history of our profession."

He added, "All dentists and all the patients they serve have benefited from JADA's contributions to dental science and practice. Let us hope that the next century is as successful and productive as the last." ■

—berryj@ada.org

A call to industry

The ADA News is aware that at least two companies within the dental industry will celebrate their own centennials in 2013. Our intent is to compile a complete list of dental manufacturers and distributors that are 100 years old or older, these firms to be honored in a future issue of the News.

If your company qualifies for such a mention, please contact James Berry at berryj@ada.org; 1-312-440-2786. ■

ADA CE Online introduces Subscription 10

Buy 10 courses and save

BY KAREN FOX

ADA CE Online, your one-stop shop for continuing education for dentists and members of the dental team, has launched Subscription 10—a new program that allows the dental community to select 10 courses for one simple payment of $279.

The offer is limited. Purchase by Dec. 31 to save more than $100 (based on the ADA member course fee of $38).

The key advantages of Subscription 10 are savings and flexibility. Purchasers receive a promotion code to add courses to their CE portfolio or gift the promotion codes to colleagues, referral sources and dental team members. Each code is valid until June 15, 2013, and you have up to one year to take the courses.

Give the gift of CE for the holidays this year, said Dr. Jeffrey Sameroff, editor and chief of ADA CE Online.

"If specialists want to buy Subscription 10 and share courses with their referrals, they can do that," said Dr. Sameroff. "If dentists want to buy Subscription 10 and share courses with dental team members or use them for staff meetings, that is fine, too."

There are more than 100 courses on ADA CE Online. Purchasers of Subscription 10 can select from any one-hour course. Courses are available 24 hours a day, seven days a week. All you need is an Internet connection.

Dr. Ronald Venezie, ADA Council on Dental Education and Licensure chair, said that CDEL's Continuing Education Committee and the ADA CE Online Editorial Board "do a terrific job evaluating these courses on an ongoing basis for quality and continued professional relevance."

"At our recent meeting, the council unanimously affirmed the importance of ADA CE Online as a means to support ADA members' success throughout their careers, which is a key strategic goal of the Association," said Dr. Venezie.

Coming in 2014, CDEL is offering a budget proposal to support expanding the number of courses offered on ADA CE Online, Dr. Venezie added. "In the meantime, we are working diligently to build awareness and increase the use of this valuable service."

For more information about Subscription 10, go to www.adaceonline.org. ■

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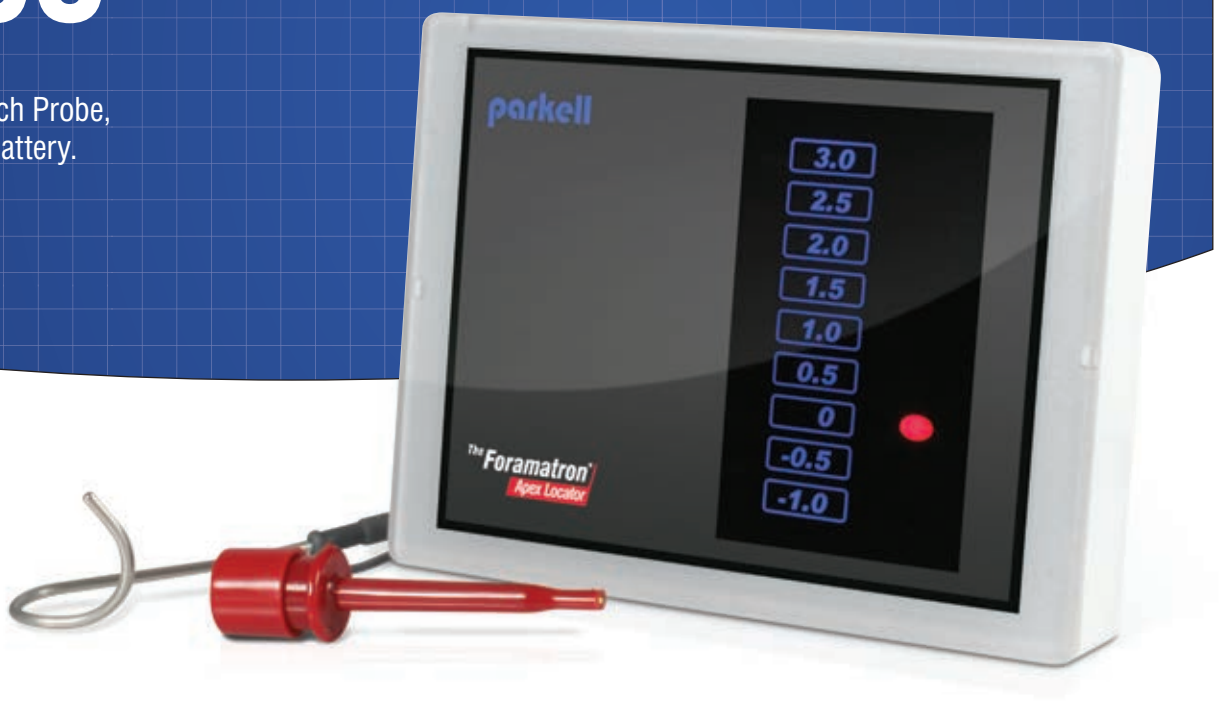
- **Uses a replaceable, inexpensive 9-Volt battery**

In true Parkell fashion, once again we've found a way to update our Foramatron® Apex Locator and still keep it priced well below our competition! The NEW Foramatron not only features a new sleek design, but a design that is conducive for asepsis. Wipe down the unit after use with a disinfectant cloth and it's ready for the next procedure. Further, the brightly illuminated display is angled for easy chairside viewing. In addition to the visual indicators, the Foramatron has audible file position indicators. Like the Foramatron units that came before, the new Foramatron offers the same level of precision and accuracy that dentists have come to expect.

For those of you who've never purchased a Parkell electronic device, here's how we operate:

We design, manufacture and market all of our devices ourselves in our plant in Edgewood, NY. In other words, there's just one company-profit built into the price. You don't pay a hidden cost for import duties or royalties. Plus, because you're purchasing directly from the manufacturer, you don't even pay a dealer markup. There is one more reason why the Foramatron is economical: we're not particularly greedy.

If anything inside the Foramatron needs repair, we'll fix it at no cost for 5 years—Free parts, Free Labor—for 5 years. The cables are covered under a one year warranty. The 9-volt battery isn't covered at all.



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- MouthHealthy.org, the ADA's consumer-oriented website, provides patients with timely and credible oral health information on prevention, care and treatment, and an opportunity for us to promote our practices with **ADA® Find-a-Dentist™**. Update your profile today at ADA.org/memberprofile.
- ***ADA Professional Product Review®*** at ADA.org/ppr provides us with new product information that's unbiased and scientifically sound so we can make informed product choices that benefit our patients and practices.
- The **ADA Center for Evidence-Based Dentistry™** (ebd.ada.org) provides support for our clinical decisions and helps integrate scientific evidence into patient care.
- ***JADA***, the best-read journal in dentistry, gives us peer-reviewed articles on the latest developments in practice and research.
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- **ADA e-Publications** bring us up-to-date information affecting the dental profession and our practices.
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- **Contract Analysis Service** review of unsigned dental benefit contracts helps us make informed decisions about the implications of participation in dental plans.
- **Local Meetings and Conferences** provide opportunities for professional interaction and networking along with continuing education on techniques and issues facing dentists and dental team members.
- The Ad Council and the **Partnership for Healthy Mouths, Healthy Lives**, of which the ADA is a member, launched their first oral health campaign. PSAs appearing nationwide on TV, radio, print and online help educate parents and kids about the importance of oral health care. Learn more about the campaign at 2min2x.org.

Join the ADA in 2013!

Visit **ADA.org/join** or contact your state dental association for more information and an application.

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