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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA News

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BRIEFS

Medicare updates website resources for providers

Updates to the Medicare Physician Compare website offer a new menu option, "Provider Resources," with information on Internet-based PECOS and an improved feedback tool dentists can use to contact website administrators with questions or concerns.

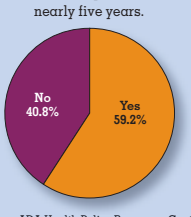
A link to information on the Provider Enrollment, Chain, and Ownership System notes that changes to PECOS may take three to six months to update in Physician Compare. Another Provider Resource page, "Keeping Your Information Current—An Important Note to Physicians and Other Healthcare Professionals," offers access to the feedback tool.

The Centers for Medicare & Medicaid Services has approved a simplified form for dentists and other health care providers enrolling in Medicare for the sole purpose of ordering Medicare-covered items or referring Medicare patients for covered services but has yet to issue a final regulation on enrollment for ordering/referring purposes. ■

JUST THE FACTS

Website

More than half of dentists surveyed in 2010 reported having a primary practice website. On average, dentists who had a website that year had it for nearly five years.



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

'Industry feels even better than it did a year ago'

Fourth quarter results from economic survey show uptick

BY KELLY SODERLUND

At the end of a calendar year, dentists could typically look forward to patients coming in to use up their insurance benefits before their yearly maximums were exhausted.

Those actions would then lead to an uptick in the results shown in the fourth quarter results of the ADA's quarterly Survey of Economic Confidence. After the surge in year-end patients, dentists would report a higher net income, treatment acceptance rates and gross billings.

Results from the fourth quarter of 2011 survey show a bit of an uptick, but the ADA's Health Policy Resources Center isn't attributing it to an increase in patients using their benefits before the end of the year.

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Fifteen percent of dentists indicated an increase in patients trying to use their dental benefits by year-end, while 64 percent indicated that number remained about the same, according to survey results. About one-fifth indicated a decrease in patients using up their benefits.

"The fact that only 15 percent of respondents reported an increase in billings for this reason and the majority, 85 percent, reported the same or a decreasing level could indicate greater worker confidence in continuation of employment and benefit terms," according to an executive summary published by the Health Policy Resources Center.

Fourth quarter results for 2011 show that one out of five dentists who responded to the survey indicated their net income was higher than

Dr. Kevin Sessa

in the third quarter. Nearly one-third said their income remained the same.

In addition to the ADA's findings, there are also external signs the dental market is improving. Jeff Johnson, an optometrist and a senior medical technology analyst for Robert W. Baird & Co. Inc., a financial services

See SURVEY, Page 18

New Code Advisory Committee finds success in dialogue

BY KELLY SODERLUND

It was a different vibe than in previous discussions about the Code on Dental Procedures and Nomenclature but one that was more collaborative, collegial and overall better, according to members of the ADA Council on Dental Benefit Programs.

The Code Advisory Committee had its first meeting Feb. 10-11

Open discussion: Dr. Bert Oettmeier (right), chair of the Code Advisory Committee, and Dr. Stephen Ura, chair of the Subcommittee on the Code and vice chair of the Council on Dental Benefit Programs, listen to testimony from the committee.

at ADA Headquarters. CDBP members described the meeting as positive, transparent and containing thoughtful dialogue, among many other adjectives.

"The ultimate message is that the ADA is committed to a very fair and open process and we think we've made a big step in the right direction with that and we got good input from all of the different stakeholders," said Dr. Jim Richeson, CDBP chair, who also sits on the CAC.

The ADA Board of Trustees approved the formation of the CAC to support the council's ongoing maintenance of the CDT Code. The advisory committee includes five current or past council members, one representative from each of the nine recognized dental specialty organizations, one representative from the Academy of General Dentistry, one representative from the American Dental Education Association and one representative from each of the five payer organizations formerly on the Code Revision Committee, including the Centers for Medicare &

See DIALOGUE, Page 19

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Annual Session offers presession, postsession CE options

San Francisco—Dental professionals attending the ADA Annual Session in San Francisco this fall can maximize their education and travel opportunities by participating in presession and postsession courses.

The Annual Session convenes Thursday, Oct. 18, through Sunday, Oct. 21, at San Francisco's Moscone Center.

Those arriving early can participate in the five-hour presession course, "Recognize and Manage Complications During Minimal and Moderate Sedation," on Wednesday, Oct. 17, from 7 a.m.-noon or 1-6 p.m. Registrants can choose a morning or afternoon course and will be required to complete online prerequisite learning.

Dental professionals who want to enjoy the beautiful wine country and focus on restorative dentistry should plan to attend the Annual Session postsession courses Tuesday, Oct. 23, and Wednesday, Oct. 24, at the Silverado Resort and Spa in nearby Napa, Calif. Dr. Jeff Brucia will offer two half-day morning courses including a restorative dental update and an advanced occlusion review.

This intimate setting in wine country offers up to six additional hours of CE. Breakfast is included in the pricing, and discounts will apply to those who book their room reservations at Silverado.

More information on these and more than 280 other CE courses—most free with registration—will be available online beginning April 11. ■

VIEWPoint

MyView

Talk with me

Communication is a two-way street

Kenneth D. Jones Jr., D.D.S., J.D.

Communication: (n) a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior. — Merriam-Webster Online Dictionary

It's sometimes amazing how things happen in multiples. We've all had two or three patients die or move, all within a month or so. The group of dentists that used to meet for lunch finally reconvened, and suddenly we're all retired and talking about our health problems. Last year, I and a half-dozen of my friends from across the country ended up in surgery, all in the space of a few weeks.

As we talked following treatment, we found that we all had stories from those illnesses that sounded familiar, and, surprisingly, we all had similar stories of patients who had contacted us who were unhappy with the way they were being treated as well. Communication (or the lack thereof) was the critical problem for all of us. It so often is, you know.

In my case, I just wanted to know why my meds were changed in the middle of the night. The one I had been on had been great, but then someone changed it to one that zonked me out and made me practically comatose. So, it was changed back to the one that did the job without side effects. But late one night, there was the troublesome medication once again. I asked, "Why the change?"

When no one could tell me, I asked to speak with the doc-on-call. When he finally showed up, he proceeded to tell me that I was not his patient and he didn't need to read my chart or to give me a reason for the medication change. At that point, I lost my temper, gave him some rather vocal advice and told him to get out. That was the same night they told me Tylenol wasn't ordered for my headache, so I needed to take Percocet instead. You can guess my reaction to that one.

The dental stories my friends related were at least as troublesome. One woman, whose lifetime dentist retired, started as a new patient in an office that prides itself on perio-scaling, crown and bridge, implants and upscale esthetic dentistry. It's also an office that follows a well-known dental consultant's guide to increasing financial success (as opposed to the primary purpose of increasing patient health). This patient didn't have much money but she did have dental insurance. And she did have questions that were never answered except to say, "That's what Doctor says you need."

Since she had no decay and good oral hygiene, she wasn't sure why she needed to return every three months, and she wasn't sure why the fillings she had that were done as a young woman needed to be replaced with crowns. She didn't understand why the dentist's treatment salesperson decided she could stretch the treatment out to take advantage of her insurance. If it was that needed, should it wait for over six years? She also wasn't sure why the dentist got so upset when she asked for a second opinion, preferably from a dentist in another office. And, finally, she was upset that

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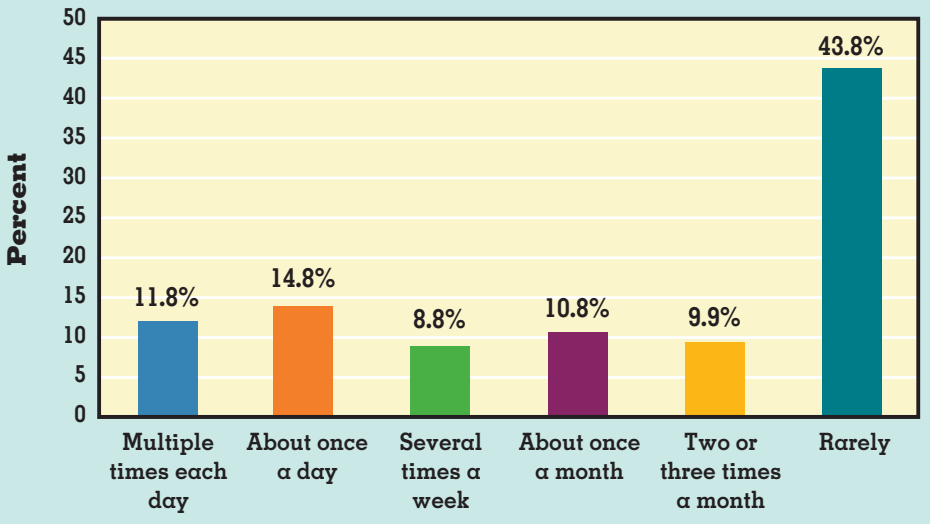
LETTERSPolicy

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

SNAPSHOTS OF AMERICAN DENTISTRY

Social media

Around two in five dentists indicated they rarely visit social media sites. How often the remainder of respondents visited social media websites varied from multiple times each day to about once a month.



Source: American Dental Association, Health Policy Resources Center, *2010 Technology and Social Media Survey*.

Letters

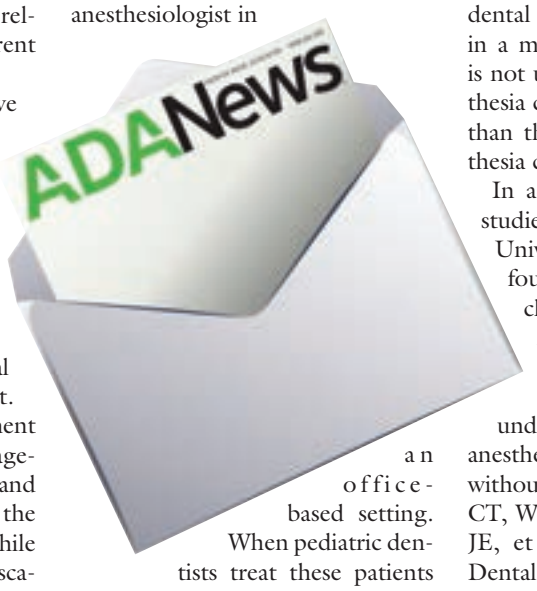
Peds & anesthesia

We applaud the report on the findings of the National Center for Health Statistics, "Children's Unmet Dental Need" (Feb. 6 ADA News). The story confirms the often understated reality that cost remains a significant barrier to dental care for millions of American children. This set of statistics is particularly relevant and troubling in our current economic climate.

For the past seven years, we have participated in and studied a collaboration that dramatically reduces the cost of treating early childhood caries in young children. Children with early childhood caries represent a particularly vulnerable population in terms of aggressive development of dental disease and the cost of treatment.

Early, comprehensive treatment is critical for the effective management of early childhood caries, and has been shown to improve the quality of life for children while intercepting the exponential escalation of health care costs associated with the lack of treatment. For many of these patients, general anesthesia provides the best way to provide comprehensive care in a timely and effective manner (according to the American Academy of Pediatric Dentistry's Reference Manual Policy on Early Childhood Caries (ECC): Unique Challenges and Treatment Options).

Pediatric dentists typically have two choices when opting to treat a patient under general anesthesia. The first is to have treatment performed in a hospital setting. A second option is to have general anesthesia performed by a dentist anesthesiologist in



an office-based setting. When pediatric dentists treat these patients under office-based general anesthesia with a dentist anesthesiologist, treatment is accomplished at a fraction of the cost. The efficiency of office-based dental anesthesia services stems from the comprehensive training of dentist anesthesiologists, who train two or more years in a hospital-based residency program. This training allows dentist anesthesiologists to draw from a wide spectrum of appropriate anesthetic options and apply them to the treatment of dental patients.

When combined with a pediatric dentist's extensive experience with treating patients under general anesthesia, a maximum amount of dental treatment can be provided in a minimum amount of time. It is not uncommon for general anesthesia costs to be 50 percent or less than the cost of comparable anesthesia care performed at a hospital.

In addition to the cost savings, studies performed at the Indiana University School of Dentistry found that the behavior of children at recall visits following office-based general anesthesia was improved as compared to treatment under hospital based general anesthesia or treatment performed without general anesthesia (Fuhrer CT, Weddell JA, Sanders BJ, Jones JE, et al., Effect on Behavior of Dental Treatment Rendered Under Conscious Sedation and General Anesthesia in Pediatric Patients; Pediatric Dentistry (2009), 31(7) 389-394). The comprehensive training of board-certified dentist

See LETTERS, Page 5

Letters

Continued from Page 4

anesthesiologists is also a primary factor in their exemplary safety record.

The utilization of dentist anesthesiologists among pediatric dentists is a growing trend. A recent survey of 494 board-certified U.S. pediatric dentists found that 20 to 40 percent use a dentist anesthesiologist while 60 to 70 percent would use a dentist anesthesiologist if one were available (Olabi N, Jones JE, Saxen MA, Sanders BJ, et al., The Use of Office-Based Anesthesia by Board Certified Pediatric Dentists Practicing in the United States; Anesthesia Progress, in press). Dentist anesthesiologists work with all types of dentists; however, pediatric dentistry comprises a large percentage of most practices, reflective of the need for general anesthesia services within this specialty (Hicks G, Jones JE, Saxen MA, Maupome G, et al., Future Demand for Dentist Anesthesiologists in Pediatric Dentistry Sedation; Anesthesia Progress, in press).

One may ask why the profession as a whole has not been more aware of this trend, since access to care is an area of intense interest to the dental profession. The relatively small number of board-certified dentist anesthesiologists is due in large part for this. Another under-appreciated contributing factor is the lack of documentation of dental anesthesia services within our current CDT code taxonomy. As Dr. Jim Richeson, chair of the ADA Council on Dental Benefit Programs pointed out, it is important for CDT coding to provide an accurate and complete description of current dental practice, because the codes are used for much more than reimbursement from dental insurance companies. CDT codes provide the basis for examining usage patterns for dental services and other forms of research ("ADA Creates New Committee, Process to Maintain CDT Code," Jan. 16 ADA News).

Dentist anesthesiologists provide several thousand office-based general anesthetics to pediatric dentists each year; yet without specific coding, it is hard to examine or track the full extent and impact of their practice. We are encouraged by the creation of the Code Advisory Committee by the Council on Dental Benefit Programs and look forward to closing the coding gap that exists for dental anesthesia services.

The team effort of pediatric dentists and dentist anesthesiologists is a great example of how dentistry is working to provide increased access to care for the very young, special care patients, and other vulnerable and challenged Americans. We encourage a wider public discussion of success stories like this to show that dentistry continues to rise to the challenge of strong and meaningful participation in the changing world of 21st century health care.

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MyView

Continued from Page 4

the dentist would charge her to make a two-page copy of her dental record and wouldn't give her duplicate X-rays.

In the second office, she actually talked with the new dentist. She said that he first asked her what concerned her about her oral conditions. She wasn't charged much for the needed films. She learned what needed to be done (nothing) and what she might want done. She said that in about two minutes, she knew he cared about her as a person and not as a source of funding for a vacation home and a new car. She decided that this was the office for her. She wanted my friend to tell her how she should deal with the first dentist.

I advised them that she should let her former dentist know how she felt. I told her to tell the dentist the same thing I told the doc-on-call who ticked me off so strongly and so loudly that night, and the advice I've told you folks before: Doctors Don't Have Patients; Patients Have Doctors. And the sooner we can get that through our heads, the better doctors we will be.

Communication is a two-way street. The operative word in this editorial's title, "Talk With Me," is the word "With." It doesn't say "Talk to me" or "Talk at me." It doesn't care that you feel that you're too busy or important to think about my questions and issues or even to talk with me in person.

It does say, "Listen to me and I'll listen to you." It says, "I know the questions I have and I'd like answers that make me believe that you care. If you have questions, I'll try to answer them as best I can. I'll get better faster and stay healthier longer if you take the time to help me understand what's going on." Sometimes it says, "I've tried not to bother you, but no one else has the answers."

It really says, "Communicate with me. We'll both be better off when we do."

Dr. Jones writes a monthly column for the Ohio Dental Association. A recently retired private practice dentist and attorney in Mansfield, Ohio, he may be reached at "jonesddsjd@aol.com".

GOVERNMENT

Association: 'Preventing oral cancer, other tobacco-related diseases high priority'

ADA, public health groups oppose Senate cigar bill

BY CRAIG PALMER

Washington—The Association urged the U.S. Senate to reject legislation that would exempt "traditional large and premium cigars" from Food and Drug Administration regulation.

In separate communications Feb. 23, ADA officials urged the Senate Committee on Health, Education, Labor and Pensions to table or vote against Senate bill 1461, and the Association joined dental, other health, religious and social organizations expressing "our strong opposition" to the bill in a letter to the full Senate.

The 2009 ADA-supported Family Smoking Prevention and Tobacco Control Act authorizes FDA regulation of the manufacture, marketing and distribution of tobacco products. The proposed S. 1461, the Traditional Cigar Manufacturing and Small Business Jobs Preservation Act of 2012, would prohibit the FDA from promulgating any regulations involving certain types of cigars.

"There is a strong association between cigar smoking and mortality from oral (mouth) and pharyngeal (throat) cancers," the Association told the HELP Committee bipartisan leadership in a letter signed by Dr. William R. Calnon, president, and Dr. Kathleen T. O'Loughlin, executive director. "About eight out of 10 people with mouth and throat cancers use tobacco. Smokers are many times more likely than nonsmokers to develop these cancers and the risk increases with the amount smoked and the duration of the habit. On average, 40 percent of those with the disease will not survive more than five years after being diagnosed.

"Taxpayer dollars would be better spent discouraging the use of cancer-causing products, including traditional large and premium cigars."

"Taxpayer dollars would be better spent discouraging the use of cancer-causing products, including traditional large and premium cigars," the Association said. "It is vital that the U.S. Food and Drug Administration be allowed to retain its strong, effective authority to regulate these products."

The 40-organization coalition told the full Senate, "We believe the Food and Drug Administration should retain the authority to regulate all tobacco products, including cigars. Products containing tobacco cause disease, and no tobacco products should be exempted from oversight by the agency."

"We are particularly concerned about the wide range of products that may claim to be exempted from any regulation under the bill, including Swisher Sweets Sweet Chocolate Blunts, Phillies Sugarillos Cigarillos (described on the box as 'when sweet isn't sweet enough!'), White Owl grape Blunts Xtra and Optimo peach Blunts," the coalition said. "These products come in flavors and are among the most popular with youth."

Other professional organizations signing the coalition letter include the Academy of General Dentistry, American Academy of Family Physicians, American Academy of Oral and Maxillofacial Pathology, American Academy of Oral Medicine, American Academy of Otolaryngology—Head and Neck Surgery, American Academy of Pediatrics, American Academy of Periodontology, American Association of Oral and Maxillofacial Surgeons, American Medical Association, American Public Health Association, Association of State and Territorial Health Officials, and Oral Health America. ■

‘Transfer of value’ reports public in 2013

CMS urged to clarify proposed regulations

BY CRAIG PALMER

Washington—The Association urged the Centers for Medicare & Medicaid Services to “clarify” and “limit” proposed regulations that would require public reporting of certain “payments or transfer of value” from pharmaceutical, medical device, biologics and medical supply manufacturers to teaching hospitals and physicians.

As crafted, regulations published Dec. 19, 2011, could adversely affect dental practices, continuing education, research and other professional activities and “discourage financial support of charity care,” the Association asserted in comments on the proposal.

“The proposed rule would also have a disproportionately negative impact on dentistry because few dental items and services are covered under Medicare, Medicaid and CHIP, and yet dentists will be affected if a manufacturer that sells to dentists manufactures even a single covered drug, device, biological or medical supply, because all of that manufacturer’s payments and transfers of value to dentists would be reportable, whether or not there is a relationship to a covered item or service,” the Association said.

“No benefit has been demonstrated with respect to the reporting of payments and transfers of value relating to oral health care.”

The 2010 health reform law requires “applicable manufacturers” covered by Medicare, Medicaid or the Children’s Health Insurance Program to report annually certain payments or transfers of value to “covered recipients” including doctors of medicine and osteopathy, dentists, podiatrists, optometrists and licensed chiropractors as well as teaching hospitals, which are defined in the proposed rule to include hospitals with accredited residency programs receiving graduate medical education funds.

“The ADA is primarily concerned that the proposed rule, if implemented in its current form, would have severe and unintended negative consequences for dental practices, professional associations and research institutions, especially in areas in which the proposed rule reaches beyond the provisions of Section 6002 of the Affordable Care Act,” the Association said.

“In particular, the ADA urges the Centers for Medicare & Medicaid Services to restrict the definition of ‘education’ under the rule so as not to impair the transfer of knowledge that benefits patients and does not undermine the dentist-patient relationship, such as continuing education.”

The 2010 health reform law tasks the Department of Health and Human Services with establishing procedures for manufacturers’ reporting of payment information and making the information available to the public.

The law’s “sunshine” provisions are modeled largely on Medical Payments Advisory Commission recommendations to Congress for a new regulatory program to address the problem of “at least some” drug and device manufacturer interactions with physicians that “are associated with rapid prescribing of new, more expensive drugs and with physician requests that such drugs be added to hospital formularies” as well as “concern that manufacturers’ influence over physicians’ education may skew the information physicians receive.” The proposed rule says those relationships should be transparent while adding that “transparency does not imply that all—or even most—of these financial ties undermine physician-patient relationships.”

The regulatory proposal “does not fulfill the purpose of the [Affordable Care] Act,” the Association said.

“CMS has not demonstrated with respect to dentistry that manufacturer interactions are associated with rapid prescribing of more expensive drugs, devices or supplies, or that dentists’ education skew the information that dentists receive. No benefit has been demonstrated with respect to the reporting of payments and transfers of value relating to oral health care, and yet dentists, who often practice in solo and small group practices, will bear the burden of training staff, developing and implementing policies and procedures, keeping records of transfers of value and payments received directly and indirectly from applicable manufacturers, reviewing and requesting correction of reports, paying more for educational programs, paying higher association dues, and contending with the possible reputational damage when perfectly innocuous transactions are listed on a website that the public may perceive as a ‘wall of shame’ for practitioners who have inappropriate relationships with industry.”

Covered manufacturers and group purchasing organizations must begin reporting “transfer of value” information to the government March 31, 2013. Payment details are to be made available to the public starting Sept. 30, 2013. ■

—palmerc@ada.org

Kansas initiative encourages 'dental desert' practice; first grant to be awarded in June

KDA president: 'A program addressing access to dentists'

BY CRAIG PALMER

Topeka, Kan.—The Kansas Initiative for New Dentists will award its first grants in June to dentists who agree to start practices in communities designated as "dental deserts" for lack of a dentist within 20 miles.

Applications are due May 15 for two awards of $50,000 each to assist a new dentist with student loan repayment over three years and to cover practice start-up costs for a relocating practicing dentist.

KIND is funded by the Delta Dental of Kansas Foundation and sponsored by the Kansas Dental Association.

"We know that for communities in our state to remain viable, three things are critical: preserving good schools, maintaining our infrastructure and ensuring access to health care," Dr. Hal Hale, KDA president, said in announcing the initiative.

"We're pleased to be unveiling a program we know can be effective in addressing access to dentists," said Dr. Hale. "Loan repayment or forgiveness programs are a time-tested model when it comes to recruiting health care professionals in our state. Kansans have long benefitted from programs like the one we're launching in attracting physicians, optometrists and other health care professionals to some of our more rural communities.

Dr. Hale

"That's why we're confident that the same success can be realized in bringing more dentists to rural areas. While in the past we have asked the state to fund a program to attract dentists to rural areas, we are fortunate to have found financial support for the effort from the Delta Dental of Kansas Foundation. Their generosity has enabled us to move forward now in launching what we're calling the KIND program."

"Loan repayment or forgiveness programs are a time-tested model when it comes to recruiting health care professionals in our state."

Dr. Stan Wint, a member of the Delta Dental of Kansas Foundation Board of Directors, said that "Working with communities in the areas identified by the state, we hope the funding we've pledged can be further leveraged in successfully attracting dentists to these areas.

"We are pledging up to $150,000 a year for each of the next three years to support this initiative. Depending on the level of funding awarded, recipients will be required to make either a three- or four-year service agreement. Mirroring a successful effort in Iowa, the Kansas initiative offers our state a proven program to help dentists locate in those areas."

Communities eligible for KIND placement include Greensburg, Medicine Lodge, Coldwater, Sublette/Satanta, Ness City and Sharon Springs.

Grant recipients must commit to practice a minimum of three years in one of the areas designated as "dental deserts" by the 2011 Oral Health Workforce Assessment Project/Mapping the Rural Kansas Dental Workforce study by the University of Kansas Medical Center and the Kansas Department of Health and Environment.

Dentists also are expected to designate 35 percent of services to underserved patients, including Medicaid patients, according to the KIND website, which offers an online application link and further detail. KIND, initiated in 2012, anticipates annual awards. ■

—palmerc@ada.org

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Going straight to the source

Board's Diversity Committee gains perspectives from Institute alumni

BY KAREN FOX

For the ADA to continue to identify ways to embrace diversity and inclusion, the Board of Trustees is tapping a new source: the Institute for Diversity in Leadership.

Dentists who have participated in the Institute are serving as consultants to the Board's Diversity Committee with full speaking privileges but no votes.

The Board passed a resolution in 2010 that called for the committee to add Institute participants to the Diversity Committee, saying efforts to promote diversity will be enhanced by engaging new input from diverse perspectives.

"From the Board members on the committee, I'm already hearing the strongest appreciation for the perspectives added by the Institute dentists," said Dr. William Calnon, ADA president. "Diversity and inclusion have been important to ADA's wider success and remain key themes in the ADA's strategic plan. I'm personally excited to see this kind of innovation."

A year-long educational experience for promising leaders from racial, ethnic and/or gender groups that have been less visible in dental leadership, the Institute has graduated 93 dentists over the last 10 years. Many have moved into volunteer leadership positions with component and constituent societies, the ADA and other organizations.

The consultants to the Diversity Committee are Dr. Loren Alves, San Antonio, Institute class of 2012 and a member of the National Dental Association Board of Trustees; Dr. Evis Babo, Atlanta, Institute class of 2008 and a member of the ADA Strategic Planning Committee; and Dr. Irene Marron, Miami, Institute class of 2009 and president of the South Florida District Dental Association.

Dr. Alves

Dr. Babo

Dr. Marron

Dr. Babo said that inviting input from the Institute dentists shows that the Board means what it says in its ADA mission statement, which among other things is to foster "the success of a diverse membership."

"The Diversity Committee is trying to make sure that is getting done," said Dr. Babo. "They see that the membership of the ADA is going to be different in the future and they're trying to understand what changes they need to make to reflect the changing membership. They brought us in the process and listen to our opinions because we represent the groups they hope to serve."

A key asset the Institute dentists bring to the table is the fact that they represent diverse communities.

"We need to work together as a team, and that's what I like about what the Board is trying to do," said Dr. Marron. "It was great to have the opportunity to meet with them and to know they are interested in what we think."

Some of the issues they've discussed with the Board include the appeal of diverse dental organizations, and the growing number of women dentists and the need for ADA leadership to reflect that.

"There is a lot of history of exclusion," said Dr. Alves, a member of the National Dental Association's Board of Trustees. "We need these organizations to be autonomous, and young minorities need to understand there are a lot of strong shoulders they stand on. These organizations opened doors for minorities and gave us opportunities."

At the same time, there's much the ADA can do when working in concert with these organizations.

"Everyone wants more members but we have to work together," said Dr. Alves. "The main thing I hope to impact is to be able to advance dialogue between ADA and NDA." ■

—foxk@ada.org

Applicants sought for 2012 Institute for Diversity in Leadership

The American Dental Association is accepting applications for the 2012 ADA Institute for Diversity in Leadership—a year-long educational experience for promising leaders from racial, ethnic and/or gender groups that have been less visible in dental leadership.

Alumna: Dr. Ensy Atarod of Austin, Texas, listens during a 2010-11 Institute session.

The ADA is proud to partner with educators from the Kellogg School of Management at Northwestern University to deliver an extraordinary learning experience for participating dentists. The Institute is made possible by generous contributions from Procter & Gamble and Henry Schein Dental.

Upcoming Institute for Diversity in Leadership dates are Sept. 6-7; Dec. 10-11; and Sept. 5-6, 2013.

To learn more about the Institute and how to apply, visit "www.ada.org/5402.aspx".

The application deadline is April 30. ■

Upgrade systems to HIPAA version 5010 by March 31, CMS urges health providers

BY KELLY SODERLUND

Is your billing system and clearinghouse ready for HIPAA 5010 standard electronic claims and related transactions?

The deadline to upgrade to Version 5010 from Version 4010/4010A was Jan. 1, but the Centers for Medicare & Medicaid Services says it won't begin enforcing the switch until after March 31. The government agency advises health care providers to continue upgrading their systems to meet the deadline.

The 5010 standard is a requirement of the Health Insurance Portability and Accountability Act's Transactions and Code Sets rule. It does not change the HIPAA privacy, security or breach notification requirements.

The 5010 standard is a requirement of the Health Insurance Portability and Accountability Act's Transactions and Code Sets rule. It does not change the HIPAA privacy, security or breach notification requirements.

To make the process as seamless as possible, health care providers, including dentists, who use electronic transactions will need to determine if their billing system and clearinghouse can send and receive 5010-compliant electronic transactions. If not, health care providers will need to determine what steps are necessary to ensure that they can do so before March 31.

Most payers and clearinghouses are aware of this standard and the transition from 4010/4010A and have been working toward full implementation of 5010 transactions. Some dental billing systems may require an upgrade in order to fully support 5010 implementation. If you have any doubt, contact your system vendor immediately.

Some questions to ask vendors about the Version 5010 upgrade include:

- Have you upgraded your system to meet Version 5010 standards?
- How much will it cost?
- What will be the cost for each upgrade?
- What versions of your software will be upgraded and will these upgrades require any hardware upgrades to maintain system performance?
- How are issues logged and how will they be addressed? For example, if a batch of claims bounce because of noncompliance with the 5010 standard, how will you log the incident, when will you fix the problem and how will my office receive notification of the problem and its resolution?
- Is there training available for new system changes and/or functionalities?

For more information on Version 5010, visit the CMS website at "www.cms.gov/ICD10/11a_Version_5010.asp". ■

—soderlundk@ada.org

Resources boost Medicare compliance

BY KELLY SODERLUND

The Centers for Medicare & Medicaid Services has a new online resource for Medicare Fee-For-Service providers looking to make sure they are compliant with the law.

The Medicare Learning Network Products Provider Compliance webpage, "www.cms.gov/MLNProducts/45_ProviderCompliance.asp", has educational products that help Medicare Fee-For-Service providers avoid common billing errors and other improper activities when dealing with Medicare. Providers can download documents such as "Medicare Parts C and D Fraud, Waste and Abuse Training," "Medicare Fraud & Abuse, Prevention, Detection and Reporting," and access provider compliance articles and newsletters.

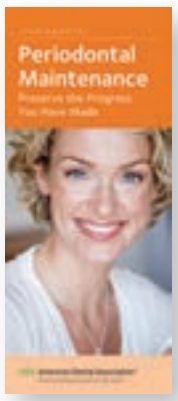
Since 1996, CMS has implemented several initiatives to prevent improper payments before a claim is processed and to identify and recoup improper payments after the claim is processed. The overall goal of the claim review programs is to reduce payment errors by identifying and addressing billing errors concerning coverage and coding made by providers.

To download any of the products or related articles, visit the website and go to the downloads section. The lists are updated as new products are developed and existing materials are revised.

The ADA Practical Guide to Frequently Asked Legal Questions offers information about this area of compliance. The guide (L756) costs $89.95 for members and $134.95 for nonmembers. To purchase, visit the online catalog at "http://catalog.ada.org" or call 1-800-947-4746. ■

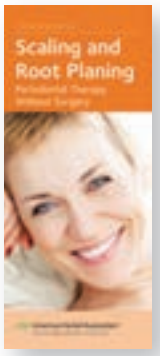
Periodontal disease brochures updated for patient education

As patient education needs evolve, so do ADA patient education materials. Three best-selling patient education brochures on fighting periodontal disease have been revised with the most current content from ADA experts.



The updated brochures are:

- Periodontal Disease: Don't Wait Until It Hurts—a best-seller addressing periodontal disease causes, prevention, risk factors, treatment and post-treatment care featuring new graphics, photos and diagrams of the main stages of the disease (W121).
- Periodontal Maintenance: Preserve the Progress You Have Made—advises patients on post-treatment maintenance steps, including more frequent dental appointments (W263).
- Scaling and Root Planing: Periodontal Therapy Without Surgery—features new graphics on scaling and root planing and how these treatments enable reattachment and healing (W613).



Dr. Stephen Ho, a general practice dentist in Honolulu, keeps his patients in the know about the dangers of periodontal disease using brochures from the ADA.

"I have been using them for the past 20 years, and these are about the best ones I've seen yet," he said.

Dr. Ho said that use of the new periodontal brochures "has doubled my patients' acceptance of treatment."

In his experience, patients are demanding more information about prescribed care.

"Patients nowadays do not accept any kind of treatment until they have a thorough understanding of the problem," Dr. Ho said. "Gone are the days where we just simply say, 'You have periodontal disease. Please make an appointment.'"

Each updated periodontal disease brochure is available on the new e-catalog site, "www.adacatalog.org", at a 15 percent discount for ADA members using promotional code 12207.

For more information, call 1-800-947-4746. ■

Website targets medically compromised patients

BY JEAN WILLIAMS

Chairside expertise is available now for dentists treating medically compromised patients with the recent launch of ICE's Medical Support System, a website providing resources on medical conditions as they relate to oral health care.

"This unique software will enhance oral health care professionals' ability to help a patient population that presents with medical conditions that impact the provision of dental care," said Dr. Michael Glick, author of the content on the site.

Dr. Glick is professor of oral medicine and dean, School of Dental Medicine, University at Buffalo, N.Y., and editor of The Journal of the American Dental Association. The site is located at "www.icemedicalsupport.com".

The Medical Support System provides up-to-date, point-of-care oral care information that is continually updated in more than 50 languages. Using the information available on the site, dentists and other dental team members can assess a patient's potential for medical complications and the need for dental modifications.

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

A demo of the site is available at "www.icemedical support.com/demo". Currently, a subscription to the Medical Support System is available at $219 annually. ADA members receive a $20 discount and can register for an annual subscription at "http://icemedical support.com/ada".

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

—williamsj@ada.org

SurePayroll offers benefits for entire dental staff

SurePayroll, the only payroll provider endorsed by ADA Business Resources, makes it easy for dentists to run payroll anytime or anywhere, even from a mobile phone. But dentists may not be aware that the dental staff benefits from the service as well.

"SurePayroll makes it easy for your dental staff to access their paycheck information and history in an instant, from a computer or mobile phone," said Michael Alter, SurePayroll president and CEO. "If they need any documentation such as W-2s or 1099s, they don't have to wait to get it from an administrator; they can simply request it online. Our service eliminates a step for dentists that can sometimes be a real headache."

SUREPAYROLL
The Online Alternative℠

Here are just a few ways SurePayroll helps the dental staff stay informed:

1. Once you've given your employees a unique password, accessing their payroll data is a breeze. The dental staff can view their paid hours, prior pay stubs, accumulated vacation hours and more on their own at any time. You'll never have to look it up for them again.

2. Is someone on your staff refinancing a home? W-2s and 1099s are must-haves, and with SurePayroll your staff can retrieve this critical documentation themselves from their SurePayroll account whenever a need arises.

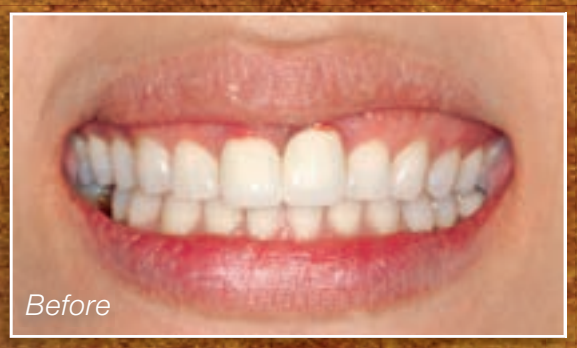
3. If your staff downloads the SurePayroll mobile app, they can review their paychecks/direct deposits anywhere, anytime from their mobile device.

Added Mr. Alter: "Your dental staff knows it's a hassle to ask questions about payroll, so why not empower them with the ability to access the information themselves?"

SurePayroll is offering a free Kindle Fire tablet for ADA members who enroll in the service by April 30. The offer applies to new customers only and the tablet will be sent after the first payroll is run. Visit "www.SurePayroll.com/KindleFire" or call SurePayroll at 1-866-535-3592 for more information. ■

"More brawn ~~than~~ *and improving* beauty"

BruxZir® Solid Zirconia



BruxZir® Solid Zirconia crowns were placed on tooth #8 and #9. As you can see in the non-retracted "before" photo, the patient had two pre-existing high-value PFMs over what appeared to be base metal copings. The condition of the gingiva in the "before" photo suggested a possible base metal allergy, which contributed to the decision to go with BruxZir all-ceramic (monolithic zirconia) crowns.

- Ideal for bruxers who have destroyed natural teeth or previous dental restorations
- An esthetic alternative to metal occlusal PFMs and cast gold
- Minimal preparation requirement of 0.5 mm with feather edge margins, much like cast gold

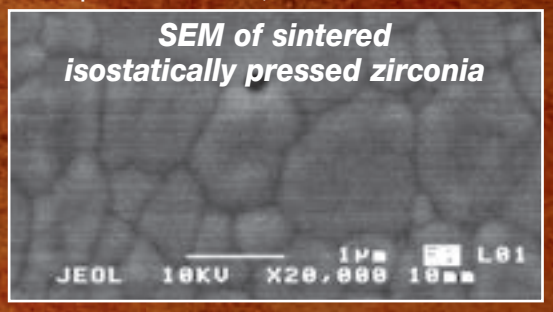
Authorized BruxZir® LABORATORY

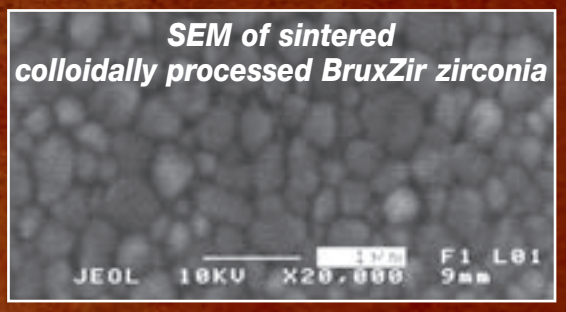
Authorized BruxZir Laboratories

LABORATORY	CITY	STATE	PHONE
Barksdale Dental Lab	Athens	AL	256-232-1772
Burdette Dental Lab Inc.	Birmingham	AL	800-624-5301
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
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
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
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
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
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
Hennessy Dental Laboratory	Riviera Beach	FL	800-694-6862
Knight Dental Group	Oldsmar	FL	800-359-2043
TLC Dental Laboratory	Orlando	FL	800-262-2547
New Image Dental Laboratory**	Morrow	GA	800-233-6785
Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
P & W Dental Studios LLC	Cumming	GA	877-955-8757
Ridge Craft Dental Laboratory	Lagrange	GA	800-516-0281
The Lab 2000, Inc.	Columbus	GA	800-239-3947
Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
Smart Choice Dental Lab	Davenport	IA	877-650-7627
AOC Dental	Hayden	ID	800-729-1593
Artistic Dental Studio, Inc.	Bolingbrook	IL	800-755-0412
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Ottawa Dental Lab	Ottawa	IL	800-851-8239
Prosthotech	Sugar Grove	IL	630-466-8333
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
Myron's Dental Laboratory	Kansas City	KS	800-359-7111
Keller Dental Laboratory	Louisville	KY	800-292-1894
Crown Dental Studio	Shreveport	LA	800-551-8157
Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Arcari Dental Lab	Wakefield	MA	781-213-3434
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
Apex Dental Milling	Ann Arbor	MI	866-755-4236
Artistic Dental Lab	Allen Park	MI	800-437-3261
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Davison Dental Lab	Flint	MI	800-340-6971
Dental Art Laboratories	Lansing	MI	800-444-3744
Olson Dental Laboratory	Clinton Township	MI	800-482-3166
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**	Rochester	MN	800-831-2362
Webster Dental Laboratory	St. Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Keller Laboratories, Inc.**	Fenton	MO	800-325-3056
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Stewart Dental Laboratories	Columbia	MO	866-724-5509

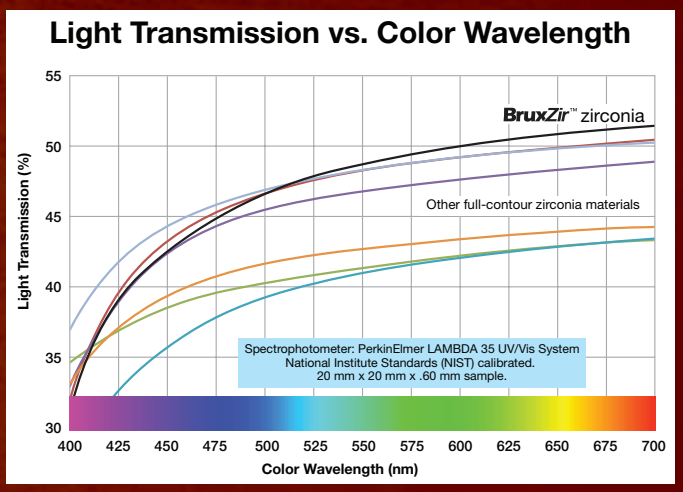
BruxZir® Scientific Validation

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



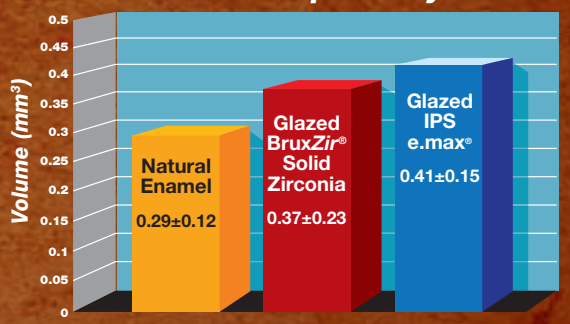


The 50% smaller average grain size of BruxZir zirconia improves its physical properties.



BruxZir zirconia exhibits higher translucency in the warm color spectral wavelength (>550 nanometers), allowing for more natural-looking restorations.

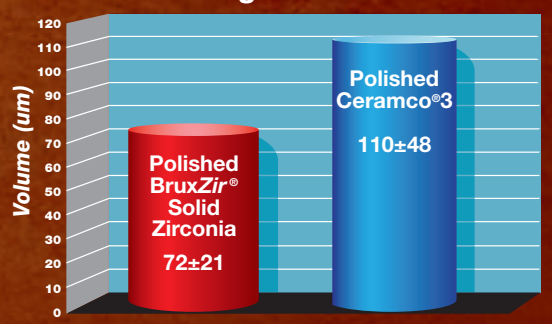
Wear Compatibility



In a recent study[1] to measure the volumetric loss of enamel, glazed BruxZir Solid Zirconia was found to wear compatible with enamel and virtually identical to glazed IPS e.max.

1. Wear of Enamel on Polished and Glazed Zirconia: Shah S, Michelson C, Beck P, et al. 2010; Washington, DC: AADR. Abstract #129615.

Antagonist Wear



The antagonistic (Steatite balls) wear shows BruxZir Solid Zirconia only with 72±21 micron, which is significantly lower than Ceramco3 (110±48 micron). The University of Tübingen study was run using an eight-chamber Willytec Chewing Simulator at 1.2 million cycles.

For more information, visit www.bruxzir.com.

Authorized BruxZir Laboratories

LABORATORY	CITY	STATE	PHONE
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 Dwental Laboratory	Charlotte	NC	800-476-2771
Natural Ceramics Inc.	Fayetteville	NC	910-425-8296
The Freeman Center	Stallings	NC	800-659-7636
Kiess Kraft Dental Laboratory	Omaha	NE	800-553-9522
H & O Dental Laboratory	Manchester	NH	800-543-4312
Excel Berger Dental Laboratory	North Brunswick	NJ	800-438-3384
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Digital Dental Studio	Henderson	NV	702-992-4055
Las Vegas Dental Studio	Las Vegas	NV	800-455-1598
Las Vegas Digital Dental Solutions**	Las Vegas	NV	800-936-1848
Creo Dental	New York	NY	212-302-3860
Elegant Dental Laboratories	Brooklyn	NY	877-335-5221
MobileTek Dental Labs	New York	NY	917-747-7519
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
AccuTech Dental Lab	Reynoldsburg	OH	614-751-9888
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Northwest Ceramics Inc.	Columbus	OH	614-451-9597
ROE Dental Laboratory	Garfield Heights	OH	216-663-2233
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Tooth Fairy Dental Lab	Findlay	OH	419-429-8181
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Marty Hall Dental Lab	Broken Arrow	OK	866-207-0858
Applegate Dental Ceramics	Medford	OR	541-772-7729
Albensi Laboratories	Irwin	PA	800-734-3064
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
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	860-258-0678
Crystal Dental Ceramics	Richardson	TX	972-680-1660
Dental Dynamics Laboratory Inc.	Arlington	TX	800-640-8112
Oral Designs Dental Laboratory, Inc.	San Antonio	TX	800-292-5516
PCB Dental Lab	Richardson	TX	972-671-3894
Stern Empire Dental Laboratory	Houston	TX	800-229-0214
Stern Reed Assoc. Dental Laboratory	Addison	TX	800-888-8341
Stern Tyler Dental Laboratory	Tyler	TX	800-926-1318
Arrowhead Dental Laboratory	Sandy	UT	800-800-7200
Crown Laboratories Inc.	Sandy	UT	800-574-1911
Crystarr Dental Design	Salt Lake City	UT	800-343-2488
Evolution Dental Studio	Draper	UT	801-432-7446
Precision Milling Center	West Valley City	UT	877-810-6210
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
Via Digital Solutions	Sandy	UT	888-484-6842
Apex Dental Laboratory	Midlothian	VA	804-763-0420
Art Dental Lab	Chantilly	VA	888-645-7541
Dominion Milling Center	Richmond	VA	877-285-5285
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	360-943-6071
Haag Dental Laboratory	Kenosha	WI	262-694-4732
Saber Dental Studio	Waukesha	WI	800-365-3210
Midtown Dental Laboratory	Charleston	WV	800-992-3368

CANADA

Highland Dental Laboratory	Calgary, AB	Canada	800-504-3199
Hollywood Smiles Dental Lab. Ltd.	Burnaby, BC	Canada	604-939-8118
Premium Dental Laboratories Ltd.	Burnaby, BC	Canada	604-294-2881
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

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

INTERNATIONAL

Glidewell Europe GmbH	Kelkheim, Hesse	Germany	+4961955077

**Also a Prismatik Clinical Zirconia™ Milling Center.

A decade of bringing smiles to Jamaica

BY STACIE CROZIER

Oakland, Calif.—Now in its 10th year, the 1000 Smiles Dental Project has created a lot more than 1000 smiles.

More than 37,000 rural Jamaicans from 90 communities have received treatment—including some 27,500 extractions, 10,000 cleanings, 18,500 fillings and 12,500 sealants. In addition, the program has provided oral health education to more than 65,000 children.

"The project is moving from service to sustainability," said Dr. Jack Levine, a general dentist in New Haven, Conn., and 1000 Smiles volunteer for eight years.

"In the last three years, the project has added sealant, fluoride and school based programs to direct care services. 1000 Smiles is also working with the University of Technology, Jamaica, and Jamaican nurses so that the services will be there when we leave. I feel like I've done something that not only makes a difference and changes lives, but will stay there when I go."

The program, developed through a collaboration between the Oakland, Calif.-based charity Great Shape Inc., Sandals Resorts International and the Jamaican Ministry of Health, provides free dental care and education in rural schools and health clinics to some 15,000 people in Jamaica every year. The project enlists the help of more than 200 volunteers who provide care in areas that have one dentist for every 100,000 people. In the past decade, roughly 1,600 volunteers have reached out to those in need.

"To be able to go to a country where they don't have enough access to dental care and make a difference is very exciting," said Dr. Sherwin Shinn, a general dentist in Tacoma, Wash., and a 1000 Smiles volunteer for four years. "Even more so, to see the local people of Jamaica buying into this is fantastic. In Jamaica, because of the attitude of the people, the project is really making a difference. Seeing that people are getting better and that this could be sustainable by the Jamaicans is wonderful."

1000 Smiles: Dr. Sue-Min Mak, above, takes a moment to relax with students at the Priory Primary and Infant School in St. Ann's Bay Ocho Rios during an oral health education visit with the 1000 Smiles Dental Project. At right, dental hygienists Kerrie Ransome, left, and Sally Jo Walker provide a dental cleaning during a mission in November 2011 in Ocho Rios.

1000 Smiles makes it easy for new volunteers to embark on an international dental mission, said Dr. Sue-Min Mak, a general dentist in San Francisco who has volunteered for two years.

"Not everybody is ready to jump on a plane and be ready to be out in the field saving lives in rugged terrain and uncertain political climates," Dr. Mak said. "The 1000 Smiles project is safe and well organized and open to all volunteers, young and old. Lots of volunteers bring their spouses and families. This project makes humanitarian work very accessible."

Volunteers pay a tax-deductible program fee of $700 and their airfare to Jamaica, and they receive free housing, food and ground transport from Sandals. Volunteers are also asked to buy or solicit donations for all supplies needed to serve 75 patients per week.

"I love volunteering. Traveling is a passion of mine, and I love getting immersed in new cultures and making new friends and acquaintances," said Dr. Mariam Khateeb, a pediatric dentist in Woodbridge, Va. "Great Shape offered all of that to me and more."

This fall the project will serve areas near Ocho Rios, Montego Bay and Whitehouse. One- and two-week missions are available. Program dates are Sept. 14-23 and Sept. 22-Oct. 1 in Ocho Rios; Oct. 12-21 and 20-29 in Montego Bay; and Nov. 2-11 and 10-19 in Whitehouse.

For more information, visit "www.gsjamaica.org" or call 1-510-893-1751.

To learn more about international volunteer opportunities, call the ADA Division of Global Affairs at 1-312-440-2726, email "international@ada.org" or visit the website "http://internationalvolunteer.ada.org". ■

—croziers@ada.org

Log on for volunteer opportunities

Dental professionals who seek an adventure that combines charitable dentistry and international travel can log on to "http://internationalvolunteer.ada.org" and click on the Volunteer Connection link to explore volunteer opportunities outside the U.S.

Each listing links to the individual program website, where users can find detailed information on volunteer requirements, costs and how to apply.

Six programs seeking volunteers for 2012 include:

- Belize Mission Project seeks dentists, hygienists, assistants and lab professionals for trips Oct. 26-Nov. 3 and Nov. 3-11. Visit "www.belizemissionproject.com" or call Dr. Frank Whipps at 1-618-532-1821 for additional information.
- Flying Doctors of America seeks dentists for a mission trip to Guatemala May 26-June 2. For more information visit "www.fdoamerica.org" or email "missiontrip@aol.com".
- Health Volunteers Overseas seeks dentists to provide clinical and didactic training for oral health education program sites in Cambodia, Honduras, Laos, Nicaragua, Peru, Rwanda, Saint Lucia, Samoa and Tanzania. Assignments can range from one to four weeks. For more details, visit "www.hvousa.org".
- International Medical Relief seeks dental professionals to volunteer for several mission trips. Trips include: June 9-16 to Haiti; July 19-29 to Peru; Aug. 2-12 to Kenya; Sept. 1-9 to Haiti; Oct. 13-20 to Romania; Nov. 1-11 to Cambodia; and Dec. 27-Jan. 3, 2013, to Haiti. Visit "www.internationalmedicalrelief.org" for details.
- The Pacific Partnership 2012 and New Horizons 2012 seek dental volunteers to provide care for civilians with the U.S. Navy and Air Force. Pacific Partnership volunteers can travel via a USNS Mercy Hospital ship that leaves San Diego for Pearl Harbor, Guam, Indonesia, Philippines, Vietnam and Cambodia in late April. New Horizons volunteers can embark on three two-week humanitarian missions in Peru in June and July. For more information, contact Dr. Irvin Silverstein at "dsilverstein22@cox.net".
- Vets With A Mission seeks volunteers for a trip to Vietnam June 20-July 6. Visit "www.vetswithamission.org" and click on the Upcoming Trips tab to learn more. ■

QuickTakes

Summaries of ADA News stories published online

Dr. Lynn Mouden named CMCS chief dental officer

Dr. Lynn D. Mouden, most recently director for the Arkansas Department of Health Office of Oral Health, was named chief dental officer for the Center for Medicaid, CHIP and Survey and Certification, an agency within the Centers for Medicare & Medicaid Services, effective Feb. 27.

Dr. Mouden told the ADA News, "I am definitely looking forward to adding my backgrounds in private practice, academia and public health to the policymakers at CMS. With the growing challenge of increasing access to care for so many children in the country, I am excited to bring knowledge of all these areas to bear in developing Medicaid policy."

A former member (1995-98) of the ADA Council on Access, Prevention and Interprofessional Relations, Dr. Mouden started the Prevent Abuse and Neglect through Dental Awareness, PANDA, program and saw it grow to more than 40 states and a dozen international programs.

A past president of the Association of State and Territorial Dental Directors, Dr. Mouden received an ASTDD Outstanding Service Award and recently received the U.S. Public Health Service Chief Dental Officer's Exemplary Service Award.

Read more details at "www.ada.org/news/6780.aspx". ■

Dr. Yagiela, dental anesthesia authority, dies at 64

Dr. John A. Yagiela, an internationally recognized authority on pain and anxiety control in dentistry, died Feb. 22.

Dr. Yagiela, 64, became ill while scuba diving and later died at the Santa Monica University of California-Los Angeles Medical Center.

A past president of the American Society of Dentist Anesthesiologists and American Dental Board of Anesthesiology, Dr. Yagiela spent his career in academia at the University of California-Los Angeles School of Dentistry, where he served as professor and chair of the Division of Diagnostic and Surgical Sciences, coordinator of pain and anxiety control, and director of the dental anesthesiology residency program.

To read the full obituary, visit "www.ada.org/news/6818.aspx". ■

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RADM Christopher Halliday named dean of new A. T. Still dental school in Missouri

Pending accreditation, school plans to accept students in 2013

BY KAREN FOX

Kirksville, Mo.—A. T. Still University, in the process of building a new dental school here, has tapped an assistant surgeon general and chief of staff to the U.S. surgeon general as its dean.

Dr. Christopher Halliday, Rear Admiral in the U.S. Public Health Service, is the inaugural dean of the ATSU Missouri School of Dentistry and Oral Health, the school announced Feb. 21.

Home of the world's first osteopathic medical school, A. T. Still University has a nine-year-old dental school in Mesa, Ariz.—the Arizona School of Dentistry and Oral Health—on which university officials say they are modeling the new dental school. ATSU plans to submit an application to the Commission on Dental Accreditation by April 1. If approved, the new school plans to begin accepting dental students in the fall of 2013.

Dr. Halliday begins his duties at ATSU on June 1. In addition to his post with the surgeon general's office, he has served as chief dental officer of the Indian Health Service and chief professional officer of the dental category of the USPHS Commissioned Corps. As chief dental officer of the USPHS, Dr. Halliday coordinated the delivery of oral health services by the Commissioned Corps Dental Officers from the Departments of Health and Human Services, Justice and Homeland Security.

Dr. Halliday

New dental school: A rendering shows the planned A. T. Still University Interprofessional Education and Dentistry School Building. A groundbreaking is set for March 15.

"I'm excited about this new opportunity," said Dr. Halliday, who leaves the Public Health Service after a 24-year career. "I look forward to further collaboration with the ADA and ADA members in the state of Missouri. The Public Health Service has been a fantastic career for me. What I enjoyed the most was working with the dedicated health providers and support staff who strive to meet the needs of medically underserved and vulnerable population groups.

"At ATSU, my hope is that the partnerships that the university will forge with the community as well as the community health centers will ensure that students receive the best possible training and provide the greatest quality of oral health services to the community members," he continued. "We're going to make sure that dental students are well trained at all levels, and we will be focused on development of community-based and individual-based treatment plans."

Dr. Halliday's past experience includes work in areas as diverse as Barrow, Alaska, and American Indian reservations in New Mexico and Arizona. He earned his dental degree from Marquette University School of Dentistry and a master of public health from the University of North Carolina-Chapel Hill School of Public Health.

"We are very fortunate that Dr. Halliday is joining ATSU, leading the establishment of our new dental school in Missouri," said Jack Magruder, Ph.D., A. T. Still University president. "He will bring tremendous expertise to making the Missouri School of Dentistry and Oral Health an unqualified success."

"He will have an opportunity to share his passion of service to the underserved and vulnerable populations with his students," said Regina Benjamin, M.D., U.S. surgeon general. "I will personally miss his dedication and commitment to the welfare of the Office of the Surgeon General." ■

—foxk@ada.org

ADA car rental discounts put members in the driver's seat

The ADA's preferred car rental providers—Alamo, Enterprise Rent-A-Car and National Car Rental—put members behind the wheel with savings and convenience.

ADA members can now book online directly at "www.alamo.com", "www.enterprise.com" or "www.nationalcar.com" and reference the Contract ID/Customer# ADA7745 for discounts. For full terms and conditions and to select additional coupons from Alamo and National, visit: "www.ada.org/carrental".

For ADA members who travel frequently and are looking for the most time-efficient

transaction process in the car rental industry, National Car Rental is a perfect fit.

National's Emerald Club offers the power of speed and choice. Emerald Club members reserve a midsize vehicle, and upon arrival, proceed directly to the Emerald Aisle, a designated area of the lot where members can choose any vehicle (often a higher class than midsize).

Emerald Club members then present their driver's license and credit card at the exit booth, receive a rental agreement and can be on their way.

In addition, Emerald Club members can earn frequent-flyer miles, hotel rewards or free rental days on every rental. For complimentary enrollment with the Emerald Club, visit "www.emeraldaisle.com". ■

Interprofessional Education Collaborative launched

ADEA, five other associations will focus on patient-centered care

Washington—The American Dental Education Association is one of six national health profession associations that have joined together to form the Interprofessional Education Collaborative.

Dr. Valachovic

The new national organization will focus on better integrating and coordinating the education of nurses, physicians, dentists, pharmacists, public health professionals and other members of the patient health care team to provide more collaborative and patient-centered care, said a Feb. 15 press release.

"The movement toward collaborative, patient-centered care is driving rapid change within oral health care and other health professions," said Dr. Richard W. Valachovic, ADEA executive director. "ADEA is committed to supporting academic dental institutions as they reshape their curricula to better prepare students for practicing under this rapidly evolving paradigm. To that end, ADEA views IPEC as a unique opportunity to better oral health care, and we are pleased to be one of the founding organizations of the collaborative."

Other founding member organizations include the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the Association of American Medical Colleges and the Association of Schools of Public Health.

IPEC will formalize the collaborative work that began three years ago and led to the release of a May 2011 report, "Core Competencies for Interprofessional Collaborative Practice" (available online at "www.aacn.nche.edu/education-resources/IPECReport.pdf".)

This document identified individual-level core competencies needed by all health professionals to provide integrated, high quality care.

In May, IPEC will sponsor its first faculty development institute, "Building Your Foundation for Interprofessional Education," enabling faculty from across the health professions to meet with peers in plenary and interactive learning sessions focused on building strong programs for team-based learning. ■

APHA seeks Jong award nominations

Washington—The Oral Health Section of the American Public Health Association seeks nominations for the 2012 Anthony Westwater Jong Memorial Community Dental Health Pre- and Post-Professional Awards.

The awards are bestowed in memory of Dr. Jong, a well-known dental educator, mentor and public health dentistry advocate who died in 1992. Award winners will be honored at APHA's 140th Annual Meeting and Exposition, Oct. 27-31, in San Francisco.

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

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

APHA prefers, but does not require, that applicants be nominated by a current APHA member. Nominators can also be a faculty member who knew the applicant well during his or her training. Applications must be submitted electronically by May 11. For more information about the awards or the application process, contact the 2011 committee chair, Susan Lovelace, by emailing "slovelace@rchsd.org" or calling 1-858-576-1700, Ext. 3745. ■

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Dental lab registration: what does it mean?

BY KELLY SODERLUND

Many dentists don't know if their state requires dental laboratories to register with state dental boards or if the lab they work with is registered.

In fact, according to the 2008 Survey on the Use of Dental Labs, conducted by the ADA Health Policy Resources Center, more than half of dentists polled—53 percent—did not know if dental labs were regulated by their state's dental practice act. More than 86 percent of respondents didn't know if the federal government regulated dental labs.

Dr. D'Aiuto

For the record, laws in six states require dental labs to register with the state dental board: Texas, Kentucky, Florida, South Carolina, Pennsylvania and Oklahoma. Bills in three other states have been filed or are pending, and bills in three more states are in development either by the state dental laboratory association, dental society or both.

The U.S. Food and Drug Administration requires registration for dental labs that operate overseas, serve as the initial importer for a foreign laboratory, conduct repackaging services or manufacture sleep apnea/snoring and other specific orthodontic appliances.

Foreign labs manufacturing dental restorations have to register with the FDA in order for their products to be let into the United States. Domestic labs are not required to register with the FDA. Although the FDA has the authority to inspect any dental lab manufacturing in the United States, registered or unregistered, in this country or abroad, being registered is more likely to trigger an inspection of a domestic lab because its location is established.

"A registered lab can step up to the plate and say, 'Come in and inspect me. I'm proud of the work I do. I only use FDA-approved materials and disclose those to the dentist,'" said Dr. Bill D'Aiuto, chair of the Council on Dental Practice's Subcommittee on the Future of Dental Laboratory Technology.

The National Association of Dental Laboratories says registration allows for clear communication channels between dental labs, dental manufacturers and the FDA should there be a recall on dental materials or equipment related to a health or safety issue that could ultimately have an impact on dentists and/or their patients.

Registering a dental lab goes further than getting a sign-off on the operation. It also shows dentists the lab is operating under high standards, Dr. D'Aiuto said.

"It says we are willing to set ourselves up to scrutiny to allow the dentists to know that we want to set ourselves apart, that we are compliant to state regulations and minimum standards," Dr. D'Aiuto said. "I think it's a badge of courage, if nothing else, and a badge that says we fully comply so therefore we're safe to use."

Even in Dr. D'Aiuto's home state of Florida, where registration is required, he said there are bootleg dental labs that circumvent the government and operate outside of state law.

Texas is another state that requires dental labs to be registered. Dr. Craig Armstrong, a member of CDP and the Subcommittee on the Future of Dental Laboratory Technology, said when he graduated dental school, he received a list of all of the registered labs.

"It's a way to track each of the dental labs that perform services in the state of Texas," Dr. Armstrong said. "It's quality assurance for the dentist."

The Dental Laboratory Certification Council in Texas advises the state dental board on the dental lab industry, Dr. Armstrong said.

"If there's an issue that arises within a laboratory, you've got your peers looking at it and making recommendations to the state dental board," Dr. Armstrong said.

Texas labs also have to meet certain assessments and requirements through the Texas State Board of Dental Examiners, and the certified dental technicians working in the labs must complete continuing education hours each year.

Dr. Armstrong says that point-of-origin laws in Texas require dental labs there to disclose the lab that fabricated any dental device created there and the materials used to manufacture it.

In 2007, the American Dental Association House of Delegates adopted policy urging constituent dental societies to pursue legislation or voluntary agreements to require that a domestic dental laboratory which subcontracts the manufacture of dental prostheses notify the dentist in advance when such prostheses components or materials indicated in the dentist's prescription are to be manufactured or provided, either partially or entirely, by a dental laboratory outside the United States or at any domestic ancillary dental laboratory.

"I think a lot of states could look at Texas and see how we do things. We have a pretty good relationship with our dental lab technicians as a whole," Dr. Armstrong said. "I think registration just elevates the profession of laboratory technicians."

"A greater measure of patient safety and thereby a greater measure of professionalism within dental laboratories can be measured through registration," Dr. D'Aiuto said. "The ultimate goal of registration would be to assure dentists and patients that they are getting top services and products from dental labs." ■

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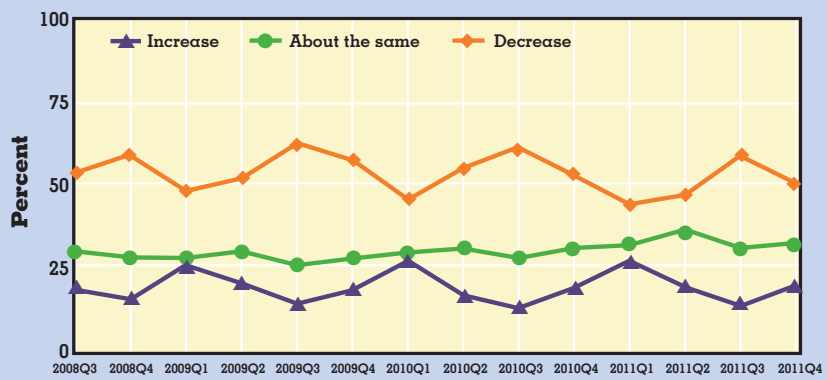
Net income

One in five respondents indicated their net income in the fourth quarter of 2011 was higher than in the previous quarter. Three in 10 said it remained the same.



Source: American Dental Association, Health Policy Resources Center, *Survey of Economic Confidence-Fourth Quarter of 2011*

Survey

Continued from Page 1

firm, who studies the dental market, said he saw a difference in the dental market between the fourth quarter of 2010 and the latter part of 2011.

"It sounds like the industry feels even better than it did a year ago, and dentists are starting to see an improvement in patient volume and better cash flow," said Mr. Johnson, who has also seen the sales of dental equipment bounce back.

Nearly 1,700 dentists responded to the survey conducted by the Health Policy Resources Center. They were asked how net income, gross billings, numbers of new patients, treatment acceptance rates and several other indicators performed relative to the previous quarter. Although net income was up for some dentists, the other indicators showed less positive results.

- The number of new patients measured in the fourth quarter was better than in the third quarter of 2011 but the numbers remain low. Eighteen percent of respondents reported a higher number of new patients; 44 percent said it decreased; and 38 percent stated it remained the same.
- Gross billings decreased in the fourth quarter for more than 42 percent of respondents while 34 percent reported no change.
- Treatment acceptance rates decreased for nearly 39 percent of those polled while 54 percent reported no change.

Dr. Kevin Sessa, member of the ADA Council on Dental Practice's Subcommittee on the Economy, said he's hesitant to get excited about an economic recovery based on survey results from one quarter. But he is trying to look forward.

"Though there are some recent economic and employment data to suggest that perhaps the U.S. is beginning to recover from its economic woes of the past three to four years, most likely, based on other economic indicators, it will be some more time before we get back to any semblance of real economic stability nationally and/or globally," Dr. Sessa said. "Therefore, all U.S. dental practices need to make sure that they are operating lean and mean to survive."

Dr. Sessa encourages all dentists to keep their eyes on the big picture, despite the economic woes their practices may be facing, .

"All dental practices need to review their mission and be certain that they and all their employees are operating in a clinically high quality, patient-centered manner as this is the best way to ensure that patients continue to utilize dental services," Dr. Sessa said. "Further, it gives patients of record impetus to refer their family and friends as new patients, which is the economic lifeblood of any dental practice." ■

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Dialogue

Continued from Page 1

Medicaid Services and one representative from the American Dental Education Association. The composition of the CAC may change over time.

Nearly 75 people were in attendance at the CAC meeting, either at the main table where the official members sat, an outer ring table containing support staff of the representative parties or in the audience, where anyone from the public could listen and provide testimony. All CAC meetings are open to any interested party, including other dental organizations or suppliers and payer entities that may not be directly represented on the advisory committee. In addition to the microphones provided for the CAC members around the inner table, there were microphones set up in the aisles so audience members could provide input, which quite a few did.

"The atmosphere was different; it was less contentious than in meetings of the Code Revision Committee. It was really just information gathering," said Dr. Bert Oettmeier, CAC chair and CDBP member.

"It seemed to be well-received by everybody at the table, and we even heard positive comments from the audience," said Dr. Stephen Ura, chair of the Subcommittee on the Code and vice chair of CDBP.

One concern Dr. Ura heard was the lack of voting at the CAC. Voting used to take place at meetings of the Code Revision Committee, which existed prior to the establishment of the CAC.

The purpose of the CAC is to collect opinions on changes to the CDT Code.

"However, the fact that there was no voting at the CAC meeting promoted a very collegial discussion that will ultimately result in the best changes in the CDT Code," Dr. Ura said.

"One of the downsides, in my view, of the CRC was the voting," Dr. Richeson said. "It often got contentious. Then you got away from the open dialogue and the collaboration and really trying to work out what was best for the patients and the profession as a whole."

The purpose of the CAC is to collect opinions on changes to the CDT Code. That information will be taken to CDBP's Subcommittee on the Code March 16-17. The subcommittee's recommendations will go out to all CAC members and be posted on ADA.org for comment. These recommendations, along with the comments received, will be taken up by CDBP for action at its April meeting.

CDBP will vote on each action item and the results and rationale will be posted on ADA.org. The decisions can then be appealed, if the appeal is based on new information, to the council by those who submitted the proposed but not adopted CDT Code changes.

The final actions by CDBP will be included in the next version of the CDT Code, effective Jan. 1, 2013. This version will also include changes already passed by the CRC when it met in 2011.

"The council is interested in making sure the purpose of the CDT Code is accomplished, which is to ensure uniformity, consistency and specificity when performing dental treatments," Dr. Oettmeier said. "I think the process now will better allow for it than the old process. It is also very important to understand that the CDT Code's purpose in documenting dental services has been in place for more than 10 years. This hasn't changed. The ADA supports this purpose as well as its ancillary use in dental claim adjudication."

CDBP members believe the first meeting achieved the initial goal of soliciting candid comments from stakeholders involved in the development of the CDT Code.

"The real telling thing for me during the conference itself was there was better discussion, better collaboration, more open discussion than I ever recall having at CRC meetings," Dr. Richeson said. ■

Break time: Dr. Oettmeier talks with Cindy Hake from the Centers for Medicare & Medicaid Services during a break.

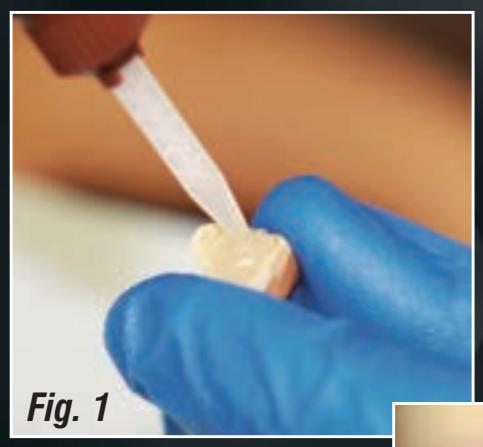
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Fig. 2


Fig. 3

Figure 1
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Figure 2
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Figure 3
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