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ADA News

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

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BRIEFS

ADA urges response to 2012 Survey of Dental Practice

The ADA is encouraging dentists to complete the 2012 Survey of Dental Practice.

Every year, the ADA conducts a survey of dentists to collect comprehensive information about the private practice of dentistry in the United States.

The 2012 Survey of Dental Practice is being mailed this week to a random sample of dentists in the United States.

Help your dental colleagues and the profession by completing and returning the questionnaire as soon as you can. Some good reasons to complete the survey include:

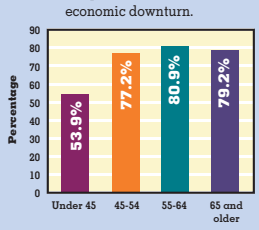
- Survey results support the ADA's advocacy efforts on your behalf.
- Results allow the ADA's Health Policy Resources Center to conduct important research on dental professionals. One example includes the article set to appear in the May edition of the Journal of the American Dental Association titled "An Analysis of Dentists'

See SURVEY, Page 9

JUST THE FACTS

Investments

Dentists older than 44 were more likely than younger dentists to have decreased investment portfolio values after the economic downturn.



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

Experts question X-ray study

Association with brain tumors based on patient recall of radiographs

BY JEAN WILLIAMS

A study published online April 10 associating dental radiographs with brain tumors has stirred media attention and questions from experts on the study's methodology.

The study published in Cancer, an American Cancer Society peer-reviewed journal, found that people with meningiomas (typically benign brain tumors) are more likely to report that they've had certain dental X-ray examinations in their lifetimes.

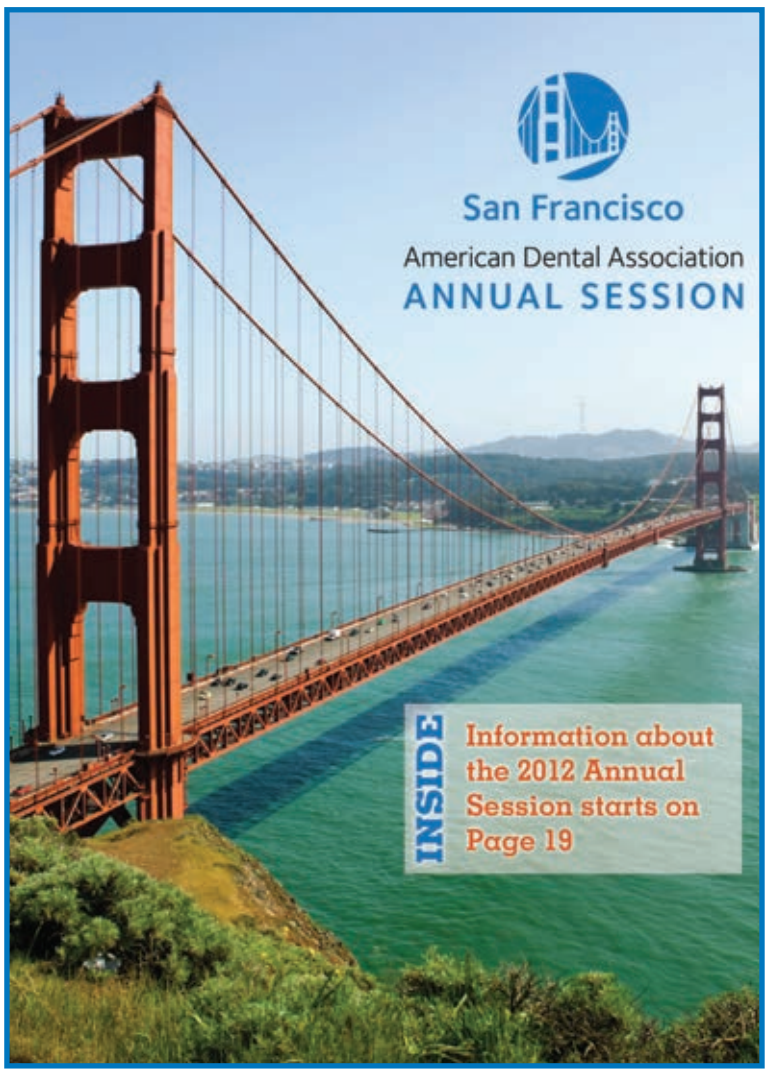
In a press statement following publication of the study online by Cancer, the ADA referred to ADA recommendations for prescribing radiographs, which help dentists determine how to keep radiation exposure as low as reasonably achievable.

"The ADA has reviewed the study and notes that the results rely on the individuals' memories of having dental X-rays taken years earlier," said the April 10 statement. "Studies have shown that the ability to recall information is often imperfect. Therefore, the results of studies that use this design can be unreliable because they are affected by what scientists call 'recall bias.'"

The ADA released its statement in tandem with the lifting of the press embargo on the study. U.S. News and World Report and MSNBC interviewed Dr. Matthew Messina, a practicing dentist in Ohio and an ADA media spokesperson. Several other media outlets cited the ADA's recommendations on dental X-rays,

See RADIOGRAPHS, Page 28

Indiana to Kenya: A dental student exchange program brings together students from Moi University in Kenya and Indiana University. IU School of Dentistry student John Emhardt (right) and MU School of Dentistry student Anthony Kaleli talk with a young patient during a screening at a Kenyan primary school.
Story, Page 30.



Fluoridation

One big issue for three small towns

BY STACIE CROZIER

Philomath, Ore.—Although the Philomath City Council voted to discontinue fluoridating the city's water supply in May of 2011, voters turned the tables in a special election last month, opting to bring fluoridation back to its approximately 4,600 residents.

After the city council decision last May, a community group called Citizens for Healthy Teeth led a petition drive to bring the measure to voters in this Oregon town, located 90 miles southeast of Portland.

"Water fluoridation reduces cavities anywhere from 20 to 40 percent over a person's lifetime and is especially important for children's dental health," said Bill Zepp, Oregon Dental Association executive director. "Philomath residents will now continue to enjoy the benefits of stronger dental health and the voters' recent

See TOWNS, Page 8

Ad Council readying oral health campaign

Editor's note: This is a statement from the Partnership for Healthy Mouths, Healthy Lives on the Oral Health Public Service Advertising Campaign in which the Association is participating.

A major national public awareness advertising campaign about oral health will start this summer.

The American Dental Association, along with 35 other groups in the dental community, formed the Partnership for Healthy Mouths, Healthy Lives and partnered with the Ad Council to produce this campaign. The Ad Council produces, distributes and promotes public service campaigns on behalf of nonprofit organizations and government agencies in issue areas such as improving the quality of life for children, preventive health, education, community well-being and strengthening families. The private, nonprofit organization is known for such iconic advertising campaigns as Smokey Bear's "Only You Can Prevent Forest Fires" and McGruff the Crime Dog's "Take A Bite Out Of Crime." These simple messages have been proven to motivate the public to take action.

The goal of the Partnership is to improve oral health in America and this campaign is the first step in meeting that goal. Ultimately, the Partnership wants to reach the entire population in North America to help them understand the critical importance of oral health and its relationship to total health. We know that a single three-year campaign alone will not solve the oral health literacy problem, but we are certain that this first step is an essential start to addressing this complex issue.

To raise the awareness of the importance of preventing dental disease and dental pain, we recognize that our success must be measured by increased knowledge of prevention, including brushing with fluoride toothpaste, flossing, good nutrition and seeing a dentist on a regular basis.

Unfortunately, oral health is not a priority for many Americans and many simply do not understand the need for good oral health practices.

We know that we must start somewhere and this advertising campaign is intended to get the public's attention. Once we have their attention, we can begin to teach them about all the important components of good oral health.

Our first phase of this major literacy effort will be focused on caregivers of children. We will start with the basics: "Oral health is important and you can take specific action to start the process of preventing dental disease and dental pain."

Millions of people do not understand even the basic elements of prevention such as brushing their teeth. By starting with certain simple, easily understood messages, we can focus attention on the actionable steps that people can take to improve their oral health. After this initial step, we think they will be more receptive to other components of total oral care.

There are four basic steps to good oral health: brushing with fluoride toothpaste, flossing, practicing good nutrition and seeing your dentist. Our primary goal is to have millions of American children start on the road to good health. By capturing the attention of caregivers, we hope to motivate them to take the first step toward implementing a lifetime of solid oral health habits.

Working with the Ad Council, we have conducted substantial research to find effective ways to reach caregivers and motivate them to protect their children from dental disease and dental pain. It was clear that a simple message was the most effective way to stimulate caregivers to take action.

The research has clearly led to the development of a major media campaign that will begin in the summer of 2012. Prior to the launch, we will distribute more information about the campaign and describe ways that you can help in launching this first major step in our long-term goal of good oral health for all of our citizens.

This is a major undertaking for our Partnership and the entire oral health community. You are a vital part of this campaign as we take our first step in the long process of achieving oral health in America.

The Partnership includes: the Academy of General Dentistry; Alliance of the American Dental Association; American Academy of Oral and Maxillofacial Pathology; American Academy of Pediatrics; American Academy of Pediatric Dentistry; American Academy of Periodontology; American Association for Dental Research; American Association of Endodontists; American Association of Oral and Maxillofacial Surgeons; American Association of Orthodontists; American Association of Public Health Dentistry; American Association of Women Dentists; American College of

See AD COUNCIL, Page 6

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PUBLISHER: Michael D. Springer
ASSOCIATE PUBLISHER: James H. Berry
NEWS EDITOR: Judy Jakush
ASSOCIATE EDITOR: Stacie Crozier
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Advanced general dentistry: Dignitaries from the dental education and practice communities came together in Charleston, S.C., April 13 for the dedication of the W. Carter Brown, DMD, FAGD, & Kathryn D. Brown, BS, RDH, Advanced Education in General Dentistry Clinic at the Medical University of South Carolina James B. Edwards College of Dental Medicine. "This is a state-of-the-art facility that could be a template for the future," Dr. Brown, chair of the ADA Council on Communications, said of the clinic that will benefit dental residents preparing for private practice. "Katie and I worked with MUSC to develop a community-based education component that addresses access, diversity and expanded education experiences for the students." Pictured from left are Dr. Howard Gamble, president of the Academy of General Dentistry; Dr. Brown; Kathryn Brown; Dr. John J. Sanders, dean of the James B. Edwards College of Dental Medicine; and Dr. William Calnon, ADA president.

VIEWPoint

MyView

Are the teeth not part of the body?

Michelle C. Dziurgot, D.D.S.

Last fall, as all general dentists do before the end of the year, I contacted my unscheduled patients reminding them to use their remaining dental benefits before the clock struck midnight on New Year's Eve. Most scheduled but others declined, opting to wait until 2012 when their benefits renewed.

The most interesting emailed reply was from a patient with $900 of remaining 2011 dental benefits, who still needed to wait until 2012. Her reason was her cat. Her cat requires expensive iodine therapy at the vet. She had to decide on paying the vet or paying her 50 percent copay for her crown in November. She wrote in her email that dental insurance should be like medical: once the deductible is met, it pays 100 percent. She continued by questioning: "Why do the two insurances have to be separate? Are the teeth not part of the body? If a bad gum causes infection to travel to the heart, isn't that then a medical issue anyway? Apparently, the insurance companies do not agree with me."

Wow, was her email an eye-opener for me. Our patients are responding to the promotion of "Want a Healthy Body? Start with a Healthy Mouth," but the division of medical and dental has led to disparities between the two.

I remember as a dental student being told by medical students that we were not going to be "real" doctors; just teeth docs. Funny, who do these "real" docs see when they need a root canal? As I waited to be seen today by an orthopedic surgeon, I was reading the latest article on premed for joint replacement in the Journal of the American Dental Association. Funny how the writer's conclusion was "the 2009 AAOS Information Statement on antibiotic prophylaxis for people with prosthetic joints should be reconsidered."

A waiting period of six months in today's economy can lead our patients to make very poor decisions on their dental treatment.

And let's not forget to mention the Michigan Dental Association's December 2011 journal cover story on blood pressure. I remember a patient walking out on my hygienist after refusing to have her blood pressure taken. Funny how it was being taken as a precaution before beginning a two-hour scaling and root planing appointment.

If most of the population does not think of us as doctors, protecting the health and quality of their lives, why would insurance companies? We

See MY VIEW, Page 5

LETTERSPolicy

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

SNAPSHOTS OF AMERICAN DENTISTRY

Paid by the hour

The average hourly salary of a dental hygienist working part time, less than 32 hours a week, increased at an average annual rate of 3 percent between 2004 and 2008. The increase among full-time dental hygienists was 3.9 percent per year, on average.

Source: American Dental Association, Health Policy Resources Center, *2009 Survey of Dental Practice, Employment of Dental Practice Personnel.*

Letters

Redefining codes

Kudos to Dr. Andrew Gazerro concerning insurance companies redefining codes ("Letters," March 19 ADA News).

When an insurance company "disallows" a procedure, it negates the reason those procedures were done. If in contract with an insurance company, we cannot balance bill the patient.

Case in point: Delta and codes D3110 and D3120. After multiple conversations, I found that under no circumstance will Delta reimburse for those codes. Although it is a matter of semantics with Delta, it is a denied code. Only if Delta can provide another code to accompany the use of 3110 and 3120 for which reimbursement can be made, does Delta have standing to deny reimbursement.

Few people remember the days without insurance, but when Delta became a player in the insurance field, we were routinely placing Dycal under all composites because we feared adversely affecting the pulp with etched dentin. That is the origin of the basis for Delta disallowing payment for the codes. With the advancement in dentistry, it is time for Delta to also "step up" and advance the reimbursement for valid use of D3110 and D3120. If they need verification for necessity, they can ask for a radiograph like they do for other procedures.

Brian D. Coerver, D.D.S.
Ada, Okla.

Editor's note: According to the ADA Council on Dental Benefit Programs, a dentist's clinical decisions determine what services are in the patient's best interests. The council believes that when a dental plan elects to disallow a procedure, this action does not negate the reason(s) for the service provided. Rather, a determination to disallow is an illustration of how a dental benefit plan's limitations and exclusions may not provide reimbursement for necessary dental procedures.

DR, fees

I have been in a small group private practice now for almost 13 years and consider myself to be an average dentist. Over the years I have maintained my national and local ADA membership and had moderate involvement volunteering for both. During that time, there are two things that have perplexed me, but I have yet to receive a satisfactory answer for either. So, at the risk of seeming naïve, I am curious if the readers of ADA News could enlighten me.

1. Why isn't promoting direct reimbursement a primary focus of the ADA? It seems to me that if DR was the norm rather than the exception, it would be beneficial for both patients and dental providers, allowing patients and dentists to focus on the care of their choice without all the distractions of fighting the insurance companies. From what I understand, the net cost to employers remains about the same.

2. Why all the secrecy about dental fees? Doesn't it make more sense to be able to post your fees on your website so that patients can make an informed choice? Even better, why don't we charge an hourly fee plus material costs

See LETTERS, Page 5

Letters

Continued from Page 4

like other professionals? That way, patients can make a more transparent decision on which kind of office will suit them best.

Blair Waldron, D.M.D.
Marietta, Ga.

Editor's note: Some states regulate advertising of fees and discounts in connection with dental services, for example by requiring certain disclosures. Truthful and nondeceptive advertising of fees is permissible under the ADA Principles of Ethics and Code of Professional Conduct. For more about advertising, the ADA offers Advertising Basics for Dentists: A Guide to Federal and State Rules and Standards (a members-only resource) on ADA.org.

With regard to direct reimbursement, the ADA started promoting DR in 1986 and in 1996 began allocating funds to see how successful DR could be in the dental benefits marketplace through an advertising campaign targeted at specific employer groups. However, the number of insurance professionals selling and administering DR plans paled in comparison to the thousands of licensed agents working for the dental benefits industry.

When return on investment (number of DR plans implemented) was compared to the dollars spent on the campaign, the ADA decided to continue ideological support for direct reimbursement but discontinue funding the campaign. Today, the ADA promotes the use of direct reimbursement plans to employers and brokers through the ADA website and staff is available to answer questions for these groups. The ADA is aware of more than 4,200 DR plans that have been implemented covering more than 1.4 million lives (employees plus dependents).

Solutions that work

It was great to see your article in the ADA News "Kansas Initiative Encourages 'Dental Desert' Practice" (March 5 issue). Creating "solutions that will work rather than solutions that will not work such as the dental therapist" (my words) is what I have been saying for the past two years.

It was nice to see confirmation that others are looking at loan forgiveness programs as a time-tested model rather than reinvent unproven programs to solve geographic access problems where they exist.

In my state of Washington, we have rural areas in the state where advanced programs in general dentistry and distance learning facilities as part of predoctoral dental education are being used as other solutions as well.

It was nice to see confirmation that others are looking at loan forgiveness programs as a time-tested model rather than reinvent unproven programs to solve geographic access problems where they exist.

The results are beginning to show that dentists trained in rural areas tend to stay at a rate of 30-40 percent, according to Dr. Mark Koday, dental director of the Yakima Valley Farm Workers Clinic and the Northwest Dental Residency, a residency program sponsored by the University of Washington School of Dentistry and located in community health center clinics. As it relies on the UW and private sector for the didactic portion of the program, the NDR is an example of the public, private and education sectors uniting to solve access problems.

This will go far in solving access in my view.

Bryan Edgar, D.D.S.
Federal Way, Wash.

MyView

Continued from Page 4

ideally treatment plan but are continually asked to opt for other, less costly treatment when the insurance denies a preauthorization. When we move forward with treatment and are denied by the insurance company, we jump through hoops to send in X-rays, photos and narratives to avoid billing our patients. Why do dental insurance companies treat their subscribers so callously? I understand everyone deserves to make a profit, but at what cost? A waiting period of six months in today's economy can lead our patients to make very poor decisions on their dental treatment.

I loved being in the U.S. Navy. I could do any dental treatment I felt necessary as long as my sailor or marine showed up to their dental appointment. Why is dental insurance so backwards? Is it punishment for a poor diet, oral hygiene or socioeconomic background? It is not fair that the more dental treatment needed, the less benefit remains to fund it. Even our auto and homeowners insurances provide a better benefit than dental. If we get rear-ended, Allstate's motto is "You're in good hands."

Our patients are in good hands with us as their dental providers, but until dental and medical insurance merge and work as one, providing for their health and quality of life is compromised at best.

Dr. Dziurgot is the editor of the Journal of the Macomb Dental Society (Michigan). Her comments, reprinted here with permission, originally appeared in the winter 2012 issue of that publication.

GOVERNMENT

HHS issues rules on insurance exchanges

BY CRAIG PALMER

Washington—Regulations setting minimum standards for the new marketplace of health insurance exchanges offer guidance on the dental coverage that may be offered. Stand-alone dental plans available in the exchanges must offer child-only coverage, for example.

The March 12 Department of Health and Human Services regulations implement the 2010 health reform law establishing competitive marketplaces for individuals and small employers to directly compare available private health insurance options, including dental benefits, on the basis of price, quality and other factors.

The exchanges will become operational in 2014.

"We accept the recommendation of commenters [on proposed regulations] that cost-sharing limits and the restrictions on annual and lifetime limits should apply to stand-alone dental plans for coverage of the pediatric dental essential health benefit," HHS said in a 644-page regulatory statement issued as a final rule with certain "interim final" provisions and promises of further detail later.

"Any issuer covering pediatric dental services as part of the essential health benefits must do so without annual or lifetime limits as defined under the Affordable Care Act and its implementing guidance, even if such issuers are otherwise exempt from the provisions of Subparts I and II of Part A of Title XXVII of the PHS Act (including PHS Act section 2711) under PHS Act section 2722," HHS said in a "response" to comments seeking clarity on whether such limits apply.

"We note that for any benefit offered by a stand-alone dental plan beyond those established under section 1302(b)(I)(J) of the Affordable Care Act, standards specific to the essential health benefits would not apply. We plan to provide more detail in the future regarding how a separately offered pediatric dental essential health benefit would be considered under standards that apply to a full set of essential health benefits."

The regulations also set a standard for exchanges "to ensure sufficient access to pediatric dental coverage.

"By 'sufficient access' we mean to convey that exchanges should ensure that, when combined, stand-alone dental plans have the capacity (in terms of solvency and provider network) to provide child-only coverage to all potential children enrolling in coverage through the exchange."

The Association offered a summary of the HHS rule online (ADA.org/advocacy, look for "HHS Rule Establishes Minimum Standards for Insurance Exchanges" and click on the link to the summary). The ADA continues to review information pertaining to the exchanges as it is released to determine the effect for individual dental practices once the exchanges are up and running in 2014.

The Association offers member information on the exchanges in various venues, including a March 14 and other "issues alerts," the advocacy page on ADA.org, the State Legislative Report, Annual Session, conference calls and webinars, and the ADA News in print and online at ADA.org. ■

—palmerc@ada.org

Ad Council

Continued from Page 2

Prosthodontists; American Dental Assistants Association; American Dental Association; American Dental Education Association; American Dental Hygienists' Association; Association of State & Territorial Dental Directors; California Dental Association; Children's Dental Health Project; Connecticut Coalition for Oral Health; Dental Trade Alliance; DentaQuest; Hispanic Dental Association; Medicaid/SCHIP Dental Association; National Association of Dental Laboratories; National Children's Oral Health Foundation; National Dental Association; National Network for Oral Health Access; Oral Health America; Organization for Safety, Asepsis and Prevention; Santa Fe Group; Society for American Indian Dentists; and the U.S. Department of Health and Human Services. ■

ADA's view of access solution differs from Kellogg report

BY CRAIG PALMER

The Association offered a "dramatically different view" of improving access to care than offered April 9-10 by professional and philanthropic advocates of dental therapists in the oral health workforce.

Former Health and Human Services Secretary Louis W. Sullivan, M.D., called for Alaska-style dental therapists as a solution to widespread dental care access disparities in an opinion piece published April 9 in The New York Times. The W.K. Kellogg Foundation April 10 released "A Review of the Global Literature on Dental Therapists" subtitled "In the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States" and suggesting a greater role for midlevel dental providers.

"The ADA will submit a letter to the editor offering dentistry's dramatically different view on how to help millions of underserved and unserved Americans attain good oral health," said an Association all-member e-mail about Dr. Sullivan's "Dental Insurance, but No Dentists" article. Dr. Sullivan, HHS Secretary under President George H.W. Bush, said in the article, "The federal government could encourage states to pass laws allowing these providers to practice by calling for demonstration projects proving their worth."

In response to the literature review, the Association offered "a respectful but firm refutation of a report that claims to demonstrate the viability of one solution to a complex set of problems that impede too many Americans from attaining good oral health. The ADA's firm stance against nondentists performing surgical/irreversible procedures is well known.

"That said, the Association believes that all of the individuals and organizations involved in this discussion, whether regarding this paper specifically or the larger, ongoing discourse, want the same thing: a nation in which everyone who seeks it enjoys good oral health and the overall health to which it contributes. This mutual, overarching goal should eclipse our differences." The Association comment is posted at ADA.org.

The global literature "indicates that dental therapists included in the oral health workforce have the potential to decrease the cost of care, specifically for children," said the 456-page Kellogg monograph. The research reviews the history and practice of dental therapists in 54 countries and territories since the use of therapists began in New Zealand in 1921. Therapists practice in Alaska and Minnesota.

"There is no question that dental therapists provide care for children that is high quality and safe," said Dr. David Nash, the report's principal author. "None of the 1,100 documents reviewed found any evidence of compromises to children's safety or quality of care. Given these findings, the profession of dentistry should support adding dental therapists to the oral health care team."

See KELLOGG, Page 8

Quitline calls double after ad campaign launch

BY CRAIG PALMER

Atlanta—Calls to the 1-800-QUIT-NOW tobacco cessation quitline more than doubled two weeks after the Centers for Disease Control and Prevention launched a Tips from Former Smokers advertising campaign, the public health agency reported.

Call volume rose from 14,437 calls for the period March 12 to March 18, to 33,262 calls for the period March 26 to April 1, CDC said. Tips from Former Smokers ads were launched March 19 and will run for at least 12 weeks on television, radio and billboards, online and in theaters, magazines and newspapers nationwide. The campaign features stories of former smokers living with smoking-related diseases and disabilities.

The American Dental Association offers information at ADA.org on the national network of tobacco cessation quitlines, including 1-800-QUIT-NOW and other smoking and tobacco cessation resources. A quitline is a tobacco cessation service available through a toll-free telephone number. Callers can speak with a counselor to receive help with quitting smoking, informational materials and referrals to other sources.

Dentists and dental professionals can help their patients quit, the ADA website says. The site includes oral health education videos for dentists and patients. ■

Towns

Continued from Page 1

decision demonstrates their commitment to promoting the overall well-being of their community."

Until the city council action last spring, Philomath had been fluoridated for about 30 years. Fluoridation is expected to start again sometime in May.

"As a practicing dentist for 34 years, I can testify to the stark difference in the number of cavities from patients that live in fluoridated cities versus those who live in nonfluoridated areas," said Philomath dentist and ODA member Dr. Charles Baker.

"Fluoridation is a common-sense solution, and I urge all other communities in Oregon to join Philomath and the majority of the country in preventing needless tooth decay and the associated costs and suffering."

Some 2,800 miles east of Philomath, the Borough of Shippensburg, Penn., also decided March 13 to

continue fluoridating its water. Shippensburg is located about 150 miles west of Philadelphia.

Shippensburg dentist Dr. Gary Davis said Borough Authority members told him there were three main reasons why they decided to continue fluoridating.

"The entire authority was overwhelmed by the response of local professionals," Dr. Davis said. "Dr. Mike Morehouse and I called all of the local dentists and asked them to send letters to the authority supporting community water fluoridation. We directed the dentists to the ADA website for information and encouraged them to review the ADA's "Fluoridation Facts" publication (found online at www.ada.org/4378.aspx), and every dentist in Shippensburg responded."

Dr. Davis said Borough Authority members also told him that there was so much conflicting information on the Internet that they just did not know what to believe.

"Authority Chairperson Keith Swartz shared with me that he especially liked that the information in many of the dentists' letters were supported with reference sources which gave them greater credibility," he said. "Sharing references from the Centers for Disease Control and Prevention, the ADA, the U.S. Health Resources Services

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Kellogg

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Dr. Nash is the William R. Willard Professor of Dental Education and professor of pediatric dentistry at the College of Dentistry at the University of Kentucky. He is a member of the American Dental Association and the American Academy of Pediatric Dentistry.

The report positions philanthropic foundations as taking a lead in the United States on access to health care. "With respect to oral health issues, these foundations have recognized that dental therapists in the oral health workforce can assist in addressing the problems of access and disparities," the report said. "They have provided funds for research, advocacy and implementation of oral health care programs. Among them are the Josiah Macy Jr., Pew, Rasmuson, Robert Wood Johnson and W.K. Kellogg foundations."

The report is described as "essentially an annotation of the global literature, with minimal discussion" and "not an evidence-based systematic review of the literature. Rather, it is intended to identify the literature and annotate relevant documents that assist in characterizing the use of dental therapists worldwide." It includes extensive professional dialogue and U.S. literature from 1938-2012 relevant to dental therapists and attempts to characterize professional and public perspectives toward therapists.

"A comprehensive range of views is evident, but in general these views polarize into opponents and proponents," the report said. "In some cases, the intellectual quality and tone of the debate has reflected poorly on the dental profession."

The public perception in the United States is measured by a 2011 W.K. Kellogg Foundation national survey on access to dental care, according to the report's executive summary. "More than three-quarters of respondents (78 percent) support an effort to train a new dental provider—a licensed dental practitioner—to work under the supervision of a dentist to provide preventive, routine care to people without regular access to care." Globally, "no evidence could be found to indicate that the public perspective of dental therapists in any country was other than positive."

The report described a dental therapist as "a limited practitioner who can provide basic dental care in the same manner as a dentist. Historically, the focus of a dental therapist has been on the prevention and treatment of dental disease in children." ■

—palmerc@ada.org

Towns

Continued from Page 8

Administration and the Journal of Public Health Dentistry (all found in 'Fluoridation Facts') was very effective."

Dr. Davis added that local health professionals who have had a long-standing working relationship with members on the Authority gave their advice added credibility.

"Building relationships and building trust with Authority members before an issue occurs will be key in protecting community water fluoridation in the future," he said.

The Borough Authority also directed its engineer to investigate the costs and processes involved in lowering the fluoride level from its current 0.9 to 1.1 parts per million range to the 0.7 level.

The U.S. Department of Health and Human Services is currently considering making 0.7 ppm the recommended level for fluoridated water.

Finally, the city council of Aspen, Colo., also decided March 12 to continue fluoridating its water supply, but to lower its fluoridation level to 0.7 ppm.

Nestled in the Rocky Mountains about 160 miles west of Denver, the year-round population of Aspen is about 6,000, said Kelly Keeffe, a dental hygienist and regional oral health consultant for the Aspen to Parachute Dental Health Alliance.

Ms. Keeffe contacted Aspen's dentists before the city council meeting so they could attend the meeting and offer scientific evidence supporting fluoridation.

"It was a big group effort," said Ms. Keeffe.

"We were able to provide city council members with information thanks to the efforts of local dentists and others in the community, the Colorado Dental Association, the ADA and the Colorado Department of Public Health and Environment.

"The city council agreed to continue fluoridating" she added, "but they also voted to lower the fluoridation level to comply with the HHS proposed recommended level, to conduct regular random testing of the packaged fluoride before it is used and to review the issue of community water fluoridation on an annual basis." ■

—croziers@ada.org

Survey

Continued from Page 1

Incomes, 1996-2009," which analyzes the recent decrease in dentists' incomes.

•Results of the survey also provide new dentists with help in establishing their practices while providing benchmarks for established dentists.

The House of Delegates-mandated Survey of Dental Practice will be sent to specialists and general practitioners, collecting information on many aspects of private dental practice, from income and gross billings to dentists' average work hours and dental staff wages. Participation is very important, and your answers will be confidential.

Results from past editions of this survey are now available free to ADA members at www.ada.org/freereports.

Past reports are also available for purchase by anyone, as hard copies or electronic files, by calling the Member Service Center at 1-800-947-4746 or visiting catalog.ada.org. ■

California fluoride lawsuit dismissed

San Diego—A U.S. District Court judge has granted a motion to dismiss in the case of Foli v. Metropolitan Water District, a lawsuit seeking to stop the water district from adding fluoride to the water.

The suit, filed in August 2011, called on the Metropolitan Water District of Southern California to stop adding hydrofluosilicic acid to the public's drinking water because it constituted unlawful and unconstitutional medication of the plaintiffs since the compound has not been approved by the U.S. Food and Drug Administration for treatment of disease or dental cavities.

The suit also alleged that the MWD had engaged in unfair and unlawful business practices.

District Court Judge Janis Sammartino dismissed the lawsuit without prejudice, giving the plaintiffs 14 days to file an amended complaint.

"We are pleased to see once again that the court has reaffirmed the ability of water suppliers and agencies to protect the oral health of residents in their communities," said Dr. Dan Davidson, California Dental Association president. "This is a significant step toward ensuring that customers of the Metropolitan Water District of Southern California will continue to receive the benefits of community water fluoridation."

The MWD serves nearly 19 million water district customers in Southern California. ■

ADA-sponsored plans stand out among insurance options for member dentists

BY KAREN FOX

More and more, ADA members are finding that the ADA Insurance Plans are their No. 1 choice in the insurance marketplace.

For good reason—the plans offer cost savings, special features tailored specifically to meet the needs of dentists and a long history with the ADA.

"Our members recognize the combination of quality and value that the plans provide year after year," said Dr. Steven Fink, chair of the ADA Council on Members Insurance and Retirement Programs. "Our 78-year-old relationship with Great-West Life & Annuity Insurance Co. has grown and expanded to provide better value for ADA members. Our council is made up of ADA members who oversee the programs to help members get the best value possible."

ADA Insurance Plans offer a number of products that are available exclusively to ADA members as a benefit of membership:

• Term Life Insurance Plan: Provides low-cost, yearly renewable term insurance and premiums based on life expectancy.

• Term Plus (Universal Life) Plan: All the benefits of Term Life, but you also get a Policy Value Account that lets you save on a tax-deferred basis.

• Income Protection Plan: Coverage that helps protect you from financial loss due to a disabling illness or injury.

• Office Overhead Expense Plan: Income Protection protects your personal income, while Office Overhead Expense coverage reimburses you for business expenses (employee salaries, rent, utilities, loans, etc.) to help keep your practice viable if you become disabled.

• MedCASH Plan: Supplemental medical insurance that pays cash benefits directly to you with no strings attached. For one low premium, protect yourself against the cost of hospitalization, ER visits, outpatient surgery, cancer treatments and even more critical conditions.

There may be a lot of insurance products on the market, but there are unique aspects that set the ADA Insurance Plans apart. First, the plans are designed specifically for dentists. No one else can receive coverage, except member dentists, their spouses or domestic partners, and children.

Great-West Life, which administers and underwrites the plans, says that more dentists and families are being insured than ever before. In 2011, the insurance products reached a five-year high with 104,810 people receiving coverage from one or more of the ADA plans.

Dr. Fink

The growing popularity of the ADA Insurance Plans is related to specializing in ADA members. "We only underwrite dentists," said Tylor Sidener, director of sales and marketing for the ADA Insurance Plans at Great-West Life. "We know dentists very well, and we know they are healthier than the average person."

This is a distinct advantage for members who choose ADA Insurance Plans: high quality coverage that is among the most competitive in the marketplace. Great-West has found that ADA Insurance Plans' premiums are lower than that of other products due to the economies of group plan administration; reduced costs for marketing thanks to direct mail and online applications; and experience-rated programs that allow for favorable financial results to stay in the plans in the form of premium credits or plan improvements. Plus, to return maximum value to members, the ADA receives minimal reimbursement to cover ADA expenses associated with the plans.

Lower rates do not mean less coverage either. The February McGill Advisory newsletter said "doctors can save thousands of dollars annually by switching to a lower cost group plan," and cited the ADA's Income Protection Plan as an example of one that's less expensive than privately issued disability insurance policies.

One aspect of income protection and office overhead that shows how the plans are tailored to dentists' needs is the "own occupation" definition of disability. Own occupation means that disability is determined by the inability to perform the duties of your specific occupation or profession. For dentists who practice clinical dentistry, your occupation is

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For some, ADA insurance is No. 1 reason to renew membership

BY KAREN FOX

Dr. Carmella Fanelle graduated from Temple University School of Dental Medicine in 1987, completed a general practice residency at Veterans Administration Hospital in Philadelphia then moved her practice to Barrington, N.J., where she's practiced for the past 20 years.

In addition to growing her practice, hiring staff and making equipment purchases, she also married and had three children. In more recent and challenging times, she's faced domestic violence, divorce and a diagnosis of melanoma.

Dr. Fanelle is an ADA member who chooses to carry all five of the ADA Insurance Plans administered and underwritten by Great-West Life & Annuity Insurance Co., and says she can't imagine where she'd be without them.

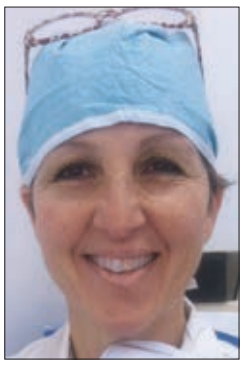
"The ADA plans really offer the best value for your hard-earned dollars," said Dr. Fanelle. "Great-West offers premium credits, or reductions in the premiums you pay. It's a very attractive feature."

In her many years of experience with Great-West, Dr. Fanelle has found the paperwork "hassle-free" and perhaps most importantly, unrivaled customer service.

"I was diagnosed with melanoma and had surgery in 2009," said Dr. Fanelle. "My ADA Insurance Plans specialist was the one who called me to suggest that I utilize my MedCASH benefit and submit a claim. How many agents do you know that are that up front and honest?"

MedCASH is supplemental medical insurance that pays cash benefits. Dr. Fanelle thinks it's one of the best-kept secrets about ADA Insurance Plans.

"You can pick your level of coverage: $500 a day for hospitalization, $250 for an emergency room visit. It's cash that helps you cover expenses when you need it the most. It also covers all of your family regardless of the number of children in your family."



Dr. Fanelle

She points out that despite having a life-threatening condition, her coverage continued. "They have helped me navigate through some of the more rough waters of my life.

"These were some tough times for me. The service I've received is always honest and always pleasant," she said. "The Great-West team has a long history of working with the ADA and the products are customized for dentists. It is without hesitation that I endorse all these products."

Are insurance products her main reason for renewing membership? "Probably; I think it is," she said. "The ADA Insurance Plans are the best bang for your buck, and I can't say enough good things about Great-West. I think if you have a long-standing relationship with an organization like this, they're listening to you and listening to your members." ■

Insurance

Continued from Page 10

the clinical practice of dentistry. If you can't practice because of a disability, you may be forced to change careers.

"Any occupation" coverage doesn't consider you totally disabled if you are still capable of performing the duties of another occupation that you're reasonably suited for, such as teaching or consulting. Own occupation is the most generous policy definition for disability protection—and the ADA Insurance Plans offers it.

"Great-West pays your full benefits if you're disabled and can't work in your special area of dentistry. Period," said Dr. Fink. "They even pay if you're able to practice other types of dentistry or choose to work in another occupation. They understand that our hands are the essence of our livelihood."

The ADA Insurance Plans also fund Student Term Life insurance, which is offered at no charge to ASDA/ADA student members. It's one way the ADA invests in students and helps them make a successful transition to practice.

Dental students also face the risk of debt becoming a burden to their families should they die or become disabled during their education. In addition to $50,000 in Student Term Life (ensuring debt protection for student loans and other financial obligations), the ADA Insurance Plans include Student Disability insurance, which provides a source of income if an illness, injury or accident prevents the student from completing dental school, and a loan repayment benefit in the event of disability. The Student Disability Plan benefits are also offered at no charge to ASDA/ADA student members.

Members who want to learn more about ADA Insurance Plans can visit insurance.ada.org or call a plan specialist at 1-888-463-4545.

Look for the ADA News to offer an occasional series in 2012 highlighting specific parts of the ADA Insurance Plans. ■

—foxk@ada.org

Dentist named president of American Academy of Forensic Sciences

BY KELLY SODERLUND

The week Dr. Bob Barsley began work as a forensic dentist was hellish.

It's a job that is sometimes only necessary under hellish circumstances, but Dr. Barsley was indoctrinated into the field under especially horrific conditions. In his first week working with the Jefferson Parish Coroner's Office, in Harvey, La., just across the river from New Orleans, Dr. Barsley was assigned to help identify people killed in a large plane crash.

On July 9, 1982, Pan Am flight 759 crashed near New Orleans International Airport, killing 145 people on board and eight on the ground. In what he called an "intense week of activity," Dr. Barsley and a team of local dentists were able to identify about 70 percent of the people aboard the plane.

"It was certainly an induction into forensics and into a mass disaster type of assignment," said Dr. Barsley.

Dr. Barsley, a former practicing dentist who is now a longtime faculty member at Louisiana State University, was named president of the American Academy of Forensic Sciences in February, only the fifth dentist to hold the title since the founding of the organization in 1948. He brings his long experience as a forensic dentist with the Jefferson and Orleans Parish coroner's offices, among many other achievements in the forensics field.

Photo by ImageCatcher News Service

Post-Katrina identifications: After six months, Dr. Barsley and others were able to positively identify the remains of more than 800 people.

LSU is also Dr. Barsley's alma mater, where he learned pathology as a dental student in the late 1970s. He graduated in 1977 and practiced until 1982, when he returned to LSU to teach and begin his long-standing commitment to forensic dentistry.

The majority of Dr. Barsley's forensic work assisting law enforcement is missing person cases or unidentified bodies. He compares dental records, including radiographs, to the body at hand, determining if enough dental evidence exists to establish or exclude an identification. Dental identification is relatively simple for any dentist; it's just comparing a known substance to an unknown, Dr. Barsley said.

For example, if it's known that a missing person had their third molars extracted and the body Dr. Barsley is asked to identify has third molars, "Well that's incompatible, that can't happen. You can't grow teeth back. So we know this body is not the person who was missing, it's somebody else. So now we have a double mystery."

Twenty-three years after working on the plane crash disaster, Dr. Barsley was called on to help in another disaster, this one natural and much larger in scope: Hurricane Katrina. The storm hit New Orleans in August 2005, and Dr. Barsley was part of a federal team tasked with trying to identify more than 1,500 people, including several hundred previously buried bodies in caskets that had been dislodged from their graves, tombs and mausoleum niches.

The hardest part, he said, was obtaining dental records, since many New Orleans dentists had either left town or had flooded offices with destroyed records.

"It was quite frustrating," Dr. Barsley said. "Although the dental team did an excellent job on the post-mortem side, cataloguing the dental condition of the victims, we were only able to locate slightly fewer than 300 ante-mortem dental records, many of them incomplete. Only 150 or so contained the dental charting, progress notes and radiographs usually available."

Several times the dentists were forced to rely on what a family member or the victim's dentist remembered about the person anecdotally: were their teeth crooked, had they had their third molars out, did they have any

gold teeth, etc. Ultimately, over the course of six months, Dr. Barsley and the federal team were able to positively identify more than 800 people utilizing DNA, fingerprints, anthropology and other forensic disciplines in addition to dentistry.

Dr. Barsley has been a member of the AAFS for nearly 30 years and has held a number of positions within the organization, acting as chair of committees, secretary and vice president. According to its website, the AAFS is a multidisciplinary professional organization that provides leadership to advance science and its application to the legal system.

The nearly 6,300 members consist of physicians, attorneys, dentists, toxicologists, physical anthropologists, document examiners, digital evidence experts, psychiatrists, physicists, engineers, criminalists, educators and others.

In addition to his dental degree, Dr. Barsley holds a law degree from Loyola University in New Orleans and is active in the Louisiana Dental Association, currently serving as secretary/treasurer.

Dr. Jack Kenney has known Dr. Barsley since they took their forensic dental boards together in 1986, and he said he and the other AAFS members are proud of Dr. Barsley as a forensic dentist. Dr. Kenney also made a name for himself as a forensic dentist in Illinois and currently is the director of identification for the DuPage County Coroner's Office, a position he holds while practicing pediatric dentistry in Park Ridge, Ill.

"I am extremely happy to see Dr. Barsley ascend to this position. He wears lots and lots and lots of hats and wears them well and gets a lot done," Dr. Kenney said. "He is probably one of the finest people I know." ■

Quality panel to meet in July

BY KELLY SODERLUND

The Dental Quality Alliance will meet July 13 to continue work on an initial set of children's oral health quality measures.

The DQA's Research and Development Advisory Committee evaluated pediatric oral health measures that are either currently in use or have been published in the past by various organizations. The committee used different parameters to rate the various measures, including scientific validity, feasibility of collecting information, ease of implementation and importance, said Dr. Jim Crall, who represents the American Academy of Pediatric Dentistry on the DQA and is the chair of public health and community dentistry and a professor of pediatric dentistry at the University of California-Los Angeles School of Dentistry. From this exercise, the committee was able to identify gaps where new measures may be needed, Dr. Crall said.

Existing measures being examined include the number and percentage of children covered by some sort of dental benefit program or plan who receive any dental service or certain types of dental services within a 12-month period, among others, Dr. Crall said. Identified gaps were then contrasted with existing evidence-based clinical guidelines to help formulate measure concepts for development, he said.

In its scan, the DQA developed a framework based on different aspects of care and mapped measures to that. DQA members and staff are also assisting the National Quality Forum, which is conducting its own environmental scan that includes measures for both children and adults.

The NQF, which is under contract by the U.S. Department of Health and Human Services, is mapping its own measures to match the goals of Healthy People 2020, a set of national objectives that monitor improvements in the health of all Americans by 2020.

The goal is to have the full DQA discuss and vote on its proposed programmatic measures at the July 13 meeting, Dr. Crall said. Following this, the DQA hopes to support the testing and validation of these measures before they're recommended for widespread use across dental care programs, he said.

This should result in better care and a better value for any money that's spent on dental care, whether it's public or private dollars, Dr. Crall said. The environmental scan is set to be posted to the DQA's home page on ADA.org in the coming weeks.

The Centers for Medicare & Medicaid Services asked the ADA in 2008 to be the lead agency in forming the DQA, with an initial charge of creating programmatic measures for children's dental Medicaid programs.


Dr. Crall

"The work of the DQA is going to help establish the yardstick," Dr. Crall said. "Our ultimate goal is to try to identify what we believe are the best methods or approaches for assessing the performance of these programs, which should help drive either the programs and plans to improve and to be able to actually identify which plans and what aspects of different plans seem to work best for the population."

The DQA has published a resource document titled "Quality Measurement in Dentistry: A Guidebook" to serve as a tool to educate various audiences on the basic purpose, importance and scope of the quality measurement within dentistry. To download the guidebook and for more information on the DQA, visit www.ada.org/5105.aspx. ■

—soderlundk@ada.org

Sugar-Less celebrations offer sweet way to educate kids about oral health

BY STACIE CROZIER

Trenton, N.J.—Celebrating National Children's Dental Health Month with fourth-graders across the state, the New Jersey Department of Health and Senior Services hosted "Sugar-Less Day To Prevent Tooth Decay" at 21 participating elementary schools in February and March.

Children in the program attended an oral health presentation conducted by a registered dental hygienist from the Department's Children's Oral Health Program. The education program emphasized the importance of brushing, flossing, regular dental visits and healthy food choices. All students received an oral health care kit and a certificate of participation. Students also participated in an oral health poster contest.

According to Dr. Beverly Sce, Children's Oral Health Program Director, "Sugar-Less Day to Prevent Tooth Decay 2012 has been a fun filled oral health education activity for fourth grade students throughout New Jersey. Oral health posters on display at participating schools bring the message of good oral health to the entire school community."

The program, funded in part by a 2012 NCDHM Samuel D. Harris Grant from Oral Health America, reached approximately 1,500 children statewide. ■

Redshaw winners: Sugar-Less Day poster contest winners from A.C. Redshaw Elementary School in New Brunswick, N.J., display their winning designs. Pictured are, from left, Dr. Beverly Sce, director of the New Jersey Department of Health and Senior Services Children's Oral Health Program; Maggie McLaughlin, public health dental hygienist, Central Jersey Family Health Consortium; Alfredo Flores, second place poster contest winner; Neyda Reyes, first place poster contest winner; Vikki Abdus-Salaam, A.C. Redshaw Elementary School principal; and Liz Hartman, regional oral health coordinator, Central Jersey Family Health Consortium.

Clifton winners: Sugar-Less Day poster contest winners from Clifton Avenue Grade School in Lakewood, N.J., receive their ribbons. Pictured are, back row, from left: Matthew Gray, principal; Lacey Majors, fourth-grade grade teacher; Theresa Pugliese, school nurse; Kim Bongiorno, Children's Oral Health Program dental hygienist; Maryellen McLaughlin, fourth-grade teacher; front row, from left: first place poster contest winner Elisabet Salazar; and second place poster contest winner Nyzionah Tolbert.

Award winner: The winning poster from Clifton Avenue School in Lakewood, N.J., covers the highlights of the Sugar-Less Day oral health education program presented to the school's fourth-graders.

Time to apply for 2013 NCDHM Harris Awards

The ADA and Oral Health America are accepting applications for 2013 National Children's Dental Health Month Samuel D. Harris Awards.

The awards recognize programs that promote oral health awareness and education for preschool and school-aged children during National Children's Dental Health Month.

Up to two grants and a total of $4,000 will be awarded. State and local dental societies and community-based organizations are eligible.

Grant committee members will include representatives from the ADA, OHA and Samuel D. Harris family. The committee will evaluate applications on originality, creativity and innovation; sustainability of the program after the funding period; and ease of duplication/replication by other programs.

More information and application forms are available online at ADA.org or oralhealthamerica.org. ■

QuickTakes

Summaries of ADA News stories published online

CDBP helps solve members' MetLife claim issues

Dr. Bob Flath started noticing a pattern when he submitted claims to MetLife.

When an initial diagnostic image procedure was submitted on the same claim as an endodontic procedure, an auto adjudication system MetLife uses denied the claim. Other dentists reported that MetLife denied a first diagnostic radiograph for endodontic therapy when the claim was first filed and again on appeal.

But when the radiograph was filed on a separate claim form than the endodontic therapy, both claims were paid.

The Code on Dental Procedures and Nomenclature states that the first diagnostic image for endodontic treatment is not included in the endodontic procedure; whether the procedures are reported on the same claim is irrelevant.

Dr. Flath and some other dentists contacted the American Dental Association, specifically the Council on Dental Benefit Programs, about the issue and asked for help. Staff members were able to work with MetLife on the problem, which was ultimately resolved.

MetLife determined that there was an issue with the computer software. No live person was reviewing the claims, so the auto adjudication system denied claims that had procedures performed on the same day that were submitted on the same form, said Dr. Jim Richeson, CDBP chair. The problem ended up being deeper than that, he said, because these claims were also being denied on appeal.

To read more on this issue, visit www.ada.org/news/6946.aspx. ■

Tom's of Maine awards funding to five nonprofit clinics

Tom's of Maine announced the recipients of its 2012 Dental Health For All funding on April 5. The nonprofit clinics each received $20,000 to help increase access to oral health care.

Clinics include: Aaron E. Henry Community Health Services Center, Clarksdale, Miss.; Ben Archer Health Center, Hatch, N. M.; Christ Health Center, Birmingham, Ala.; HealthPoint Family Care, Covington, Ky.; and Kids Smiles Inc., Washington, D.C.

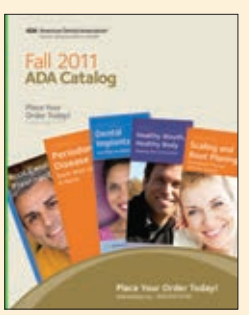
"This year, we saw nearly double the amount of applications from clinics, which tells us that the need for access to oral care is growing," said Susan Dewhirst, goodness programs manager at Tom's of Maine. "These clinics are life-changing for children and adults alike who rely on them for basic and often urgent oral care. We find the work of the clinic staff inspiring and truly making a difference in the quality of the lives they touch. We hope our funding helps to reach more people and to keep these vital dental clinics active in the community."

For the complete story, visit www.ada.org/news/6981.aspx. ■

JADA, ADA Catalog each earn EXCEL awards

The Journal of the American Dental Association and the Fall 2011 ADA Catalog were named EXCEL award winners by the Board of Directors of Association Media and Publishing for material published last year.

The August 2011 JADA won the Gold EXCEL Award in the category, journals: cover design. The graphic content and design layout for this cover of JADA were chosen to illustrate the August 2011 cover stories, "An Update for Dentists on HPV Infections in the Oral Mucosa" and "The Connection Between HPV and Oral Cancer."



"The credit and kudos for this award belong to our creative director, Peter Solarz," said Dr. Michael Glick, JADA editor, singling out a member of the ADA Publishing staff.

JADA and the ADA Catalog will be recognized June 11 at the 32nd Annual EXCEL Awards Gala in Baltimore. Association Media and Publishing is based in McLean, Va.

"AMP is the leading organization of association publishers, and being recognized by your peers is gratifying and inspiring," said Michael Springer, managing vice president of publishing at the ADA.

For more details, visit ada.org/news/6982.aspx. ■

Number of women dentists is on the rise

ADA asks: How is membership valuable to this growing segment of the profession?

BY KAREN FOX

Dr. Kari Cunningham is in a pediatric dental residency program at Case Western Reserve University School of Dental Medicine in her hometown of Cleveland.

A recipient of a National Health Service Corps scholarship, Dr. Cunningham will have a four-year service commitment to a health professional shortage area and complete her clinical training without educational debt. She credits her involvement in organized dentistry through the American Student Dental Association with providing "substance to my application which ultimately resulted in admittance to a pediatric dental residency."

Her career received an added boost through an Annual Session course on federally qualified health centers. "I was able to hear from, ask questions of and keep in contact with ADA leaders who are dental directors and clinicians in these health centers across the nation," she said, gaining valuable insight that she'll use as she launches her career providing care to children in underserved communities.

Dr. Cunningham is one of several dentists featured in a new ADA membership campaign about women dentists. In testimonials that will result in direct mailers and other communications, women dentists look back on their careers and talk about how organized dentistry supported them along the way.

The number of women dentists entering the profession has grown considerably. Since 2001, the total market of active licensed women dentists has gone from 26,870 to 47,814—a 43.8 percent increase. By the end of 2011, 29,055 women were members of the ADA.

The ADA works to support all dentists. As more women become dentists, they are finding that organized dentistry gives them the tools they need to be successful. However, statistics show that women dentists join at a slightly lower rate than the membership overall. Raising awareness about the value of membership among nonmember women dentists is a priority for the Association.

Dr. Danielle Ruskin is another dentist in the campaign who talks about learning the value of organized dentistry through ASDA. The chair of the ADA New Dentist Committee is a solo practitioner in a small practice in New Hudson, Mich., that suits her needs as a dentist with young children.

Dr. Cunningham

Dr. Sahota

Dr. Weisfuse

Are you interested in learning more about ADA membership? Contact your state dental society or the ADA Member Service Center at 1-312-440-2500.

"For women who have limited time—either practicing part time of if they just have a full life—you know that your voice is heard in organized dentistry," she said, adding that being a member gives her a better awareness of issues that impact the dental profession.

"If you're a younger practitioner, it's important to be a part of organized dentistry now," said Dr. Ruskin. "The landscape is changing, and when it comes to legislative issues, you know that dentists are making a difference and influencing these issues."

"What I value most in membership is the knowledge that I am supporting my profession, and this organization is doing all it can to keep us safe and thriving," said Dr. Deborah Weisfuse, the first female president-elect of the New York State Dental Association, who practices in New York City. Membership gives her the "peace of mind that the issues that concern us as dentists are being dealt with."

Earlier in her career, Dr. Weisfuse said she was often the only woman dentist at meetings. "I was determined to develop my career in an equal fashion, so I kept going," she said, "just to wait around for there to be more women dentists, and there are at this time."

Dr. Anita Elliott, a past president of the Arizona Dental Association, said organized dentistry provides tangible benefits and others less visible but equally important.

"Life insurance through the ADA Insurance Plans is a huge benefit. There is significant buying power for members through products and services offered by ADA Business Resources. I use endorsed products all the time. It's so much easier to know where to turn for day-to-day things like uniforms. Travel benefits are also great," said Dr. Elliott, who has been in practice ownership for 22 years and built her practice in Chandler, Ariz., from scratch five years ago.

"In this time-crunched world, I can count on the ADA to make my life easier," said Dr. Elliott. "It's called membership for a reason. We're part of a team. I've gained interpersonal and leadership skills that I can use in all aspects of my life."

Dr. Ruchi Sahota, a general dentist and past chair of the ADA New Dentist Committee, credits a woman dentist with the mentoring that led to her career success—her mother, Dr. Maninder K. Nijjar, with whom she practices in Fremont, Calif.

"She's been practicing for 25 years," Dr. Sahota said of Dr. Nijjar. "I get great advice from this experienced woman all day."

Being involved in organized dentistry at all levels was something her mother encouraged from the beginning. "Who else is going to do it? We need to be members and not rely on other people to make the profession as great as it can be," said Dr. Sahota.

She appreciates that the ADA is involved in scientific issues and communicates news to members electronically. "I know what's going on nationally that impacts me and dentistry. I feel more connected to the profession with this information," Dr. Sahota said.

"When you're a practice owner and have other things going on in your life, you need the support of organized dentistry," she continued. "Women like to get together and learn from each other."

As dentists who have had active careers in organized dentistry, the dentists in the campaign have words of advice for women dentists just starting out.

"It is absolutely essential for any young dentist to become a member if they want to do their share to safeguard this profession for their professional lives," said Dr. Weisfuse.

"We need leadership to represent the profession, and the ADA cares about that," said Dr. Sahota. "It's not just about having women dentists in leadership but about what they can bring with different experiences and perspectives."

Dr. Cunningham said the ADA has done a good job involving women in the organization but "there's always room for improvement."

"Being a member has put me in front of several leaders with innovative thoughts, new ideas and kind hearts," said Dr. Cunningham. "I have learned a great deal from my colleagues, and I use my experience in organized dentistry to make a difference in my own community." ■

—foxk@ada.org

Maryland launches oral health literacy campaign

BY STACIE CROZIER

Baltimore—Taking another step toward improving children's dental health in Maryland, the Maryland Dental Action Coalition and the state Office of Oral Health have launched an oral health literacy program directed toward pregnant women and parents of children age 6 and younger.

The Healthy Teeth, Healthy Kids campaign was launched March 23 at The Dr. Samuel D. Harris National Museum of Dentistry, attended by dental leaders, state and national policymakers and others. Volunteer dental professionals provided free dental screenings to preschoolers from Union Baptist Head Start daycare and free oral health education materials were distributed to everyone who attended the event.

Speakers at the launch event included Maryland Lt. Gov. Anthony Brown; U.S. Sen. Ben Cardin, D-Md.; U.S. Rep. Elijah Cummings, D-Md.; and Dr. Harry Goodman, director, Office of Oral Health, Maryland Department of Health and Mental Hygiene.

In addition, Baltimore mother Vanessa Pearl spoke on how having access to free dental screenings for her son at a local preschool for homeless children was life-changing. Ms. Pearl said she learned her 4-year-old son Marcus Saxby had several cavities that, if left untreated, may have threatened his health. "It's hard to take your kids to the dentist when you have limited resources," said Ms. Pearl. "But with programs like these, you can keep your child healthy and get him the care that he needs."

The Maryland Dental Action Coalition, a 501(c) 3 organization born as a direct result of the death of Deamonte Driver in 2007, developed the campaign with Maryland's Office of Oral Health, said Frank McLaughlin, Maryland State Dental Association executive director.

"March 23 was a great day for a great program," Mr. McLaughlin said. "More than 150 invited guests gathered at the National Museum of Dentistry to hear Lt. Gov. Brown, Sen. Cardin and Rep. Cummings sing the praises of the Healthy Teeth, Healthy Kids Campaign."

"In 2007, 12-year-old Deamonte Driver tragically died from an untreated tooth infection," said Lt. Gov. Brown, who also serves as chair of the Maryland Health Quality and Cost Council. "Since then, Maryland has been committed to improving pediatric oral health care for all children especially those who are underserved. Healthy Teeth, Healthy Kids is one more important resource to help inform families in need about potentially life-saving dental care."

"There can be no health without oral health care and this new program will provide resources to help parents better understand how to care for their children's dental needs, including locating dentists who accept Medicaid," said Sen. Cardin. "It is one way that we're working to ensure that all children have access to oral health care. We must make sure that what happened to Deamonte Driver never happens again."

"Both federal and state leaders have worked together to ensure that Deamonte Driver's death would not be in vain," said Rep. Cummings. "Through the involvement of all of these stakeholders, I believe this campaign will help to prevent oral disease and educate the public about how to best access care. I am proud to support the campaign."

"We need to do a better job communicating to parents about how important oral health is to overall health," said Dr. Goodman. "All too often, families don't place a lot of emphasis on oral health, unless there's an emergency. They also do not realize that they should start bringing their kids in to see a dentist by no later than their first birthday. That surprises a lot of people, but tooth decay is an infectious, yet preventable disease that often starts during infancy."

Maryland is considered a national leader in addressing children's dental health needs. In May 2011, it was the only state to meet seven of eight policy benchmarks for children's dental health policies ranked by a Pew Center on the States report card. But dental leaders and policymakers say there's still a lot more work to be done to improve children's dental health.

Eventful day: Lt. Governor Anthony Brown, above left, holds Marcus Saxby at the podium as Sen. Ben Cardin and Rep. Elijah Cummings (seated) prepare to speak at the Healthy Teeth, Healthy Kids event.

Photos by Max Franz

Brushing up on skills: Marcus Saxby practices his brushing technique at the Dr. Samuel D. Harris National Museum of Dentistry March 23.

Dr. Romaine

"In Maryland, less than two thirds of those children enrolled in the Maryland Healthy Smiles Program actually go to the dentist," said Dr. Diane Romaine, Maryland State Dental Association president. "Though Maryland was recognized by the Pew Foundation as ranking first in the country in access to children's dental care, two thirds is not good enough. We want to do better and believe the Healthy Teeth, Healthy Kids oral health literacy program will enable us to do that."

Healthy Teeth, Healthy Kids will reach out to parents and caregivers in Maryland through community organizations such as federally qualified health centers; local health departments; Women, Infants and Children programs; Head Start; television, radio, online and public transit ads.

"By engaging and creating culture change in families through the program, we hope to better develop an environment of oral health at home," said Dr. Romaine. "The program will reach them at home through newspapers, television, radio and social media."

The campaign website, www.HealthyTeethHealthyKids.org, offers detailed information and tips for families and a free telephone hotline (1-855-45-TEETH), available in English and Spanish, for parents who have oral health questions or need help finding a dentist that accepts Medicaid. An educational brochure is available on the website and at community centers and health care facilities around the state. ■

—croziers@ada.org

SCIENCE

Heart association says no causative link between periodontal and heart disease

BY JEAN WILLIAMS

The scientific evidence does not establish that gum disease causes or increases rates for heart disease or stroke, according to the American Heart Association in a new scientific statement published April 18 online in its journal, Circulation.

The statement is based on the review of more than 500 journal articles and studies, which did not confirm a causative link between periodontal disease and atherosclerotic vascular disease.

The ADA Council on Scientific Affairs agrees with the AHA's conclusions in the statement, which were drawn by a committee of experts, including dentists, cardiologists and infectious diseases specialists.

"There's a lot of confusion out there," said Dr. Peter Lockhart, CSA representative on the AHA committee and co-chair of the writing group that authored the statement. Dr. Lockhart is a professor and chair of oral medicine at the Carolinas Medical Center in Charlotte, N.C.

Dr. Lockhart

"The message sent out by some in health care professions that heart attack and stroke are directly linked to gum disease can distort the facts, alarm patients and perhaps shift the focus on prevention away from well-known risk factors for these diseases."

The writing group, also co-chaired by Ann F. Bolger, M.D., concluded that heart disease and periodontal disease often coincidentally occur in the same person due to risk factors of smoking, age and diabetes mellitus common to both diseases.

Doctors have suspected a causative link between heart disease and gum disease for more than a century. But statements implying a cause and effect relationship between the diseases are "unwarranted," the statement's authors said.

The statement is based on the review of more than 500 journal articles and studies.

Although several studies suggest a stronger relationship between periodontal disease and heart disease, those studies did not account for the common risk factors, noted the AHA statement.

In addition to sharing risk factors that may lead to the coincidental appearance of the diseases in an individual, periodontal disease and atherosclerotic vascular disease both produce markers of inflammation such as C-reactive protein, the authors noted.

"Although periodontal interventions result in a reduction in systemic inflammation and endothelial dysfunction in short-term studies, there is no evidence that they prevent ASVD or modify its outcomes," the statement concludes.

In a press release issued April 18, the American Academy of Periodontology expressed support for the AHA scientific statement. The AAP commented: "While current research does not yet provide evidence of a causal relationship between the two diseases, scientists have identified biologic factors, such as chronic inflammation, that independently link periodontal disease to the development or progression of cardiovascular disease in some patients."

The AHA's statement ("Periodontal Disease and Atherosclerotic Vascular Disease: Does the Evidence Support an Independent Association?") can be viewed at ahajournals.org. ■

—williamsj@ada.org

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4. Build your schedule.

Remember, all Annual Session courses are ticketed, even free lectures. Log on to **ADA.org/session** for an easy CE course search tool and schedule builder.

5. Guarantee your seat.

All courses are ticketed so register for your CE courses as soon as possible. CE course and event tickets are available on a first-come, first-served basis.

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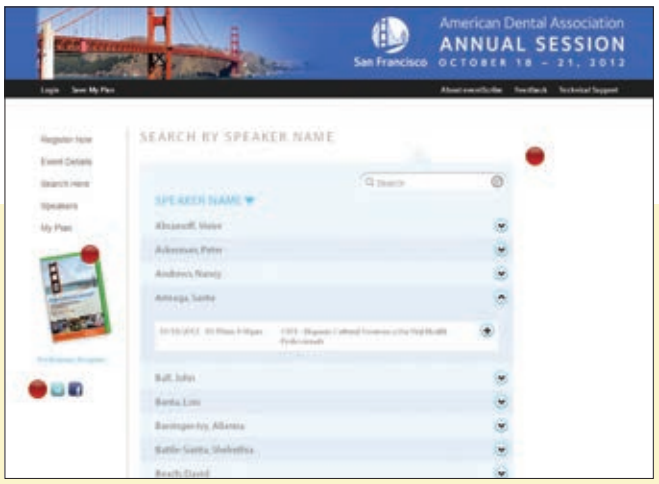

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Post-Session Continuing Education in Napa Valley

Tuesday, October 23 and Wednesday, October 24, 8–11:00 a.m.

The Silverado Resort and Spa offers an intimate setting in the wine country where you can join Jeff Brucia, DDS for exciting courses in restorative dentistry, including a restorative dental update and an advanced occlusion review. Visit **ADA.org/session** for complete information.

Get your copy of the 2012 ADA Annual Session Preliminary Program

Request a copy of the 112-page Preliminary Program and you'll see why this is your can't-miss dental meeting for 2012. Choose from among more than 280 continuing education courses, spend a day at the World Marketplace Exhibition featuring more than 600 exhibiting companies, and plan to meet up with friends and colleagues from across the U.S. and around the world. See what's new in 2012:

- **Fast Track courses** that offer three unique one-hour segments covering a targeted topic
- **Mild to moderate sedation** courses offered as a pre-session CE on Wednesday, Oct. 17
- **Post-session CE** in Napa Valley covering restorative dentistry (see bottom of this page)
- **Hands-on cadaver workshops** on location at the University of the Pacific, Arthur A. Dugoni School of Dentistry
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ANNUAL SESSION

New CE series offers dental school-style learning

BY STACIE CROZIER

San Francisco—Dentists who register for one of the ADA's new hands-on cadaver workshops at the Annual Session Oct. 18-21 can get a dental school-style learning experience in a few hours.

"For the first time, the ADA Annual Session is offering a cadaver course series designed with an emphasis on achieving specific surgical objectives that can be used in the office the very next day," said Dr. Mark Huberty, 2012 program chair, Council on ADA Sessions. "Led by experts in their fields, this hands-on learning format is unparalleled in its reach to teach. Whether you're looking for a refresher or are interested in acquiring new skills, one of these courses in this series might be just what you're looking for in 2012."

The seven-course series, to be held at the University of the Pacific Arthur A. Dugoni School of Dentistry, offers dentists the opportunity to revisit the anatomical sciences for very specific hands-on learning opportunities, Dr. Huberty added.

"The anatomical sciences will always be fundamental to the clinical practice of dentistry and these courses offer participants the opportunity for a visual and hands-on learning experience that has shortened the learning curve. The net result is a significant savings of time, money and angst to the practice as well as the practitioner—a combination that is very appropriate for today's fast-paced patient-centered world."

Courses will focus on biopsy techniques, crown lengthening, local anesthesia, temporomandibular joint, mini implants, masticatory system anatomy, and socket grafting and bone regeneration.

"The teaching and the learning in this clinical course series are truly unique from the typical methodologies of the past," said Dr. Huberty. "Traditionally, hands-on courses on osseous crown lengthening, and extraction and grafting have been done on pig jaws. The additional confidence gained by working on cadavers in theses courses will be welcomed by many participants. There have been very few TMJ dissection courses offered in the past, yet the foundation of the patient's occulsion is the TMJ. What a golden opportunity to more fully appreciate these critical interconnections again through direct observation.

"And mini-implant learning is typically an all or nothing proposition, practiced on the bench top or observed and/or performed on live patients for the first time," he added. "The skills gained in all these courses are designed to be more real and more comfortably assimilated than ever before."

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2012 hands-on cadaver workshops include:

- Biopsy Techniques for the General Practitioner—A Hands-On Cadaver Course, by Dr. Denis Lynch, Oct. 18, 8:30-11:30 a.m., cost is $595 (course 5221);
- Crown Lengthening Workshop—A Hands-On Cadaver Course, by Dr. Jon Suzuki, Oct. 18, 2-5 p.m., cost is $595 (course 5223);
- Local Anesthesia Human Cadaver Dissection Workshop, by Dr. J. Mel Hawkins, Oct. 19, 8:30-11:30 a.m., cost is $595 (course 6221);
- Cadaver Dissection of the TMJ and Associated Structures, by Dr. Mark Piper, Oct. 19, 2-5 p.m., cost is $595 (course 6225);
- Socket Grafting and Regenerating Bone Using Allograft—A Hands-On Cadaver Course, by Dr. Lee Silverstein, Oct. 20, 8:30-11:30 a.m., cost is $595 (course 7221);
- Mini Dental Implants in 2012—A Hands-On Cadaver Course, by Dr. Raymond Choi, Oct. 20, 2-5 p.m., cost is $695 (course 7225);
- Anatomy of the Masticatory System: Clinical Application and Dissection—A Hands-On Cadaver Course, by Dr. Henry Gremillion, Oct. 21, 8:30 a.m.-2:30 p.m., cost is $995 (course 8221).

For course details or to register, visit ADA.org/session. Shuttle bus service to and from the dental school is included in the course fee. Go to www.eventscribe.com/2012/ada and search under the course numbers or titles to view shuttle schedules for these courses. ■

A memorable evening for new dentists, students

Plan to attend New Dentist Reception in San Francisco

BY KAREN FOX

San Francisco—The New Dentist Reception is an opportunity to connect with dental colleagues and enjoy a casual gathering place with friends.

The reception takes place Friday, Oct. 19 (5:30-7 p.m.) at the trendy ROE Restaurant, 651 Howard St., San Francisco's premier boutique nightclub and lounge destination located just a half-block from Moscone Center. Dentists who graduated from dental school less than 10 years ago and dental students are invited to attend.

"The New Dentist Reception is a wonderful opportunity to network, reconnect with colleagues and enjoy camaraderie that is second to none," said Dr. Matt Niewald, a member of the New Dentist Committee and an ex-officio member of the Council on ADA Sessions who attended the event in Las Vegas last year. "This unique experience brings together new dentists from all facets of the profession in a social setting that will provide for a memorable evening at Annual Session."

Tickets are $15 each (limit two per person) and include light fare and two beverage tickets per person. The New Dentist Reception is provided by the generous support of Wells Fargo Practice Finance. ■

Photo by EZ Event Photography

New dentists: Attendees enjoy the reception held during the 2011 Annual Session in Las Vegas. From left are Dr. Jennifer Tran of New York, Dr. Marc Hayashi of Washington and Dr. Valerie Harada of California.

Appointments open for 2012 Health Screening Program

BY JEAN WILLIAMS

San Francisco—Contribute to your well-being and help to advance research on the health of the dental team by signing up for this year's Health Screening Program at the Annual Session.

Scheduled appointments are available between 7 a.m. and 11:30 a.m. for the Oct. 18-20 HSP in the Moscone Center's south building. Walk-ins are welcome as space permits and will be screened between noon and 3 p.m. Make your appointment when you register for the Annual Session.

The HSP is available to ADA member dentists, hygienists and chairside assistants registered for the Annual Session. Screenings include the following, among others: blood pressure, height and weight, salivary diagnostics, delayed hypersensitivity to common dental chemicals, latex sensitivity, blood chemistry, hepatitis C, urinary mercury and other screens for mercury. Additional types of medical screenings will be available for a small fee.

Registered HSP participants can earn one free continuing education credit.

More than 60,000 dental professionals have been screened through HSP since its introduction at the Annual Session in 1964 contributing to one of the largest databases of information pertaining to potential health risks associated with practicing dentistry.

Register for the meeting and make your HSP appointment online at ADA.org/session. ■

Not yet an ADA member?

San Francisco—Are you a dentist who would like to test drive some of the benefits of ADA membership that more than 157,000 of your colleagues already enjoy?

The ADA offers dentists who are not yet members of the ADA an opportunity to attend the Annual Session at a reduced rate—$100 instead of $775 if registered by Sept. 21, 5 p.m. Central time. All registration fees double after that time.

Dentists can only take advantage of this offer once, so those who attended the 2005-11 annual sessions at the reduced rate are not eligible. Go to ADA.org/session to register. ■

Annual Session website offers enhanced CE course search

San Francisco—When you begin planning your ADA Annual Session continuing education, will you want to look for courses in the new Dentist Hot Topic track? Or choose workshops by a favorite speaker? Or check out your choice courses for a specific day during the Oct. 18-21 meeting?

This year it's easier than ever for ADA Annual Session registrants to search online for continuing education courses and build a personal itinerary using eventScribe.

Users can visit ADA.org/session, click on the eventScribe link and search for courses by audience, date, keyword, track, speaker and more and write their course selections on the handy Schedule Builder provided.

Then, users can register online at ADA.org/session. Once registration is complete, registrants will receive a personal itinerary by email. It will be updated each time a course is added or changed through the registration system.

Later, those registered can log on to eventScribe to view supplemental material for their courses, and starting Friday, Sept. 21, they can access, download and print handouts for their selected courses.

Don't wait—plan your Annual Session continuing education today at ADA.org/session. ■

Post-session CE planned

Hone restorative skills and unwind in Napa Valley

San Francisco—Annual Session-goers can earn an additional six hours of continuing education and enjoy golf, biking, spa services, wine tasting and more in California's Napa Valley by attending the ADA's post-session courses Oct. 23 and 24 at the Silverado Resort and Spa in Napa, California.

Dr. Jeff Brucia will present two morning courses, a Restorative Dental Update (course 9102) and Advanced Restorative Dentistry (course 9103).

Restorative Dental Update in Napa Valley will be held Oct. 23, 8-11 a.m. Dr. Brucia will review dentin bonding techniques and materials and offer a comprehensive presentation on careful planning and systematic coordination of the preparation, temporization, laboratory fabrication and placement of restorations.

Advanced Restorative Dentistry in Napa Valley meets Oct. 24, 8-11 a.m. Dr. Brucia will discuss occlusal factors that may play a role in temporomandibular disorder and how to restore them using the latest materials with the time-tested approach of occlusion.

Cost for one course is $159 or $300 for both with a room reservation at the Silverado Resort and Spa. (Course fees without hotel registration are $259 and $500, respectively.) Breakfast is included in the pricing.

Standard room rates are $189 per night, including resort fees and a one-bedroom fireplace suite is $259 per night, including resort fees. Guests also receive special discounts on golf and a 10 percent discount on spa services. Guest services include two 18-hole PGA golf courses, a full spa, rental bikes, tennis courts, swimming pools, wine tasting at nearby wineries and much more.

More information is available on ADA.org/session. ■

Wine country: The ADA will host post-session courses in restorative dentistry Oct. 23 and 24 at the Silverado Resort and Spa in Napa, Calif.

Presidential Gala, Give Kids A Smile event to merge

BY JEAN WILLIAMS

San Francisco—The annual ADA Presidential Gala will have a new look this year as it merges with the ADA Foundation Give Kids A Smile Gala at the 2012 Annual Session.

The combined event, the ADA Foundation Give Kids A Smile 10th Anniversary Gala, will be held at the Marriott Marquis San Francisco hotel on Oct. 22.

"The Give Kids A Smile program is a tremendous example of how all aspects of the oral health profession can work together for one common cause, better oral health for underserved children," said Dr. David Whiston, ADA Foundation Board chairman and a past ADA president.

In 2012, an estimated 40,000 volunteer dentists and their team members will treat more than 400,000 children at nearly 1,600 treatment sites nationwide. GKAS unites the oral health community, combining the efforts of dentists, dental hygienists, dental assistants and technicians, community volunteers, corporate leaders and corporate sponsors in educating the public about the need for preventive oral health care in children.

The significance of the challenge is obvious, said Dr. Whiston, pointing out that about 80 percent of tooth decay in the United States is suffered by 25 percent of the children, according to the National Institutes of Health. Thousands of GKAS volunteers are working to significantly reduce those numbers, using a program that makes educating children and their parents entertaining and understandable, he said.

"The ADA Foundation is pleased to raise funds in support of this program, working in close collaboration with ADA leaders, corporate sponsors, thousands of volunteers in the dental community and the public toward this goal," Dr. Whiston said. "We hope you'll join us for this special event to celebrate the 10th anniversary of Give Kids A Smile and to help us lay the groundwork for even more success in the years ahead."

Gala tickets may be purchased during registration for Annual Session at ADA.org/session and are $250 each, $100 of which is a tax-deductible charitable contribution to the ADA Foundation. ■

Future Annual Session sites announced

Meeting dates, locations for 2014-2018 set

Continuing a tradition that has spanned more than 150 years, the ADA announced the dates and locations for its Annual Sessions in 2014 through 2018.

The national event, which combines the ADA House of Delegates meetings, hundreds of continuing education courses, the World Marketplace exhibition and other special events and concurrent meetings, has rotated its location since 1859.

"ADA members are more likely to come to an Annual Session when it is in closer proximity to their homes and practices," said Dr. Kent Percy, 2012 chair, Council on ADA Sessions. "The Council on ADA Sessions developed criteria to ensure that we're bringing this remarkable member benefit as close as possible to as many of our members as we can over a period of years."

The Council on ADA Sessions, comprised of ADA member dentist volunteers, makes recommendations for Annual Session locations and submits them to the ADA Board of Trustees for approval.

In 2010, the council developed and approved a site selection policy that prioritizes criteria for site selection including attendee appeal, geographic diversity, location variety, profit potential, local society involvement and availability of volunteers.

Future locations and dates include:

- 2014—San Antonio, Oct. 9-14;
- 2015—Washington, D.C., Nov. 5-10;
- 2016—Denver, Oct. 20-25;
- 2017—Atlanta, Oct. 18-22;
- 2018—San Francisco, Sept. 27-30.

The site selection process also provides benefits to the 600 or more exhibitors who showcase their products and services in the World Marketplace Exhibition. These companies are able to highlight their offerings to a diverse geographic group.

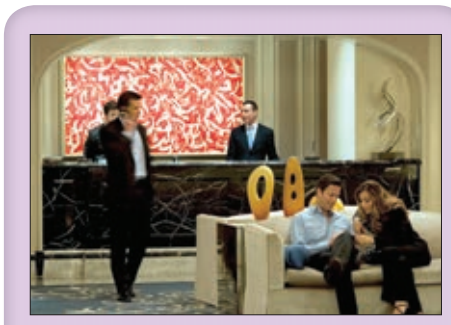
The ADA also welcomes the participation of constituent and component dental society members who volunteer for the Annual Session when it is held in their region. Volunteers receive benefits such as complimentary registration and the ability to network with speakers and other member dentists at unique events.

"On behalf of the ADA, I thank all the constituent and component societies in advance for their support of the Annual Session when it comes to your town," added Dr. Percy. "This meeting couldn't happen without your hard work and dedication."

Next year's ADA Annual Session will be held in New Orleans Oct. 31-Nov. 3, 2013.

Recently, the ADA Annual Session was held in Las Vegas (2011), Orlando (2010), Honolulu (2009), San Antonio (2008) and San Francisco (2007).

For more information on the ADA Annual Session, visit ADA.org/session. ■



Luxury: The Four Seasons Chicago lobby showcases some of the hotel's modern art collection.

Luxury awaits members at Four Seasons Chicago

ADA members looking for luxury accommodations in the Windy City should consider the newly renovated Four Seasons Chicago.

The property now showcases a provocative and inspiring collection of more than 100 pieces of modern art to complement the new chic and stylish interiors of its lobby, meeting space and restaurant.

The hotel's new regional American restaurant Allium features menus that showcase modern American cuisine rooted in regional, farm-to-table fare, under the guidance of award-winning Executive Chef Kevin Hickey. See www.alliumchicago.com for more details.

The Four Seasons Chicago offers member dentists significant savings through the ADA Travel Benefits program. For more details, to check availability and make a reservation visit ADA.org/travel. ■

JADA article outlines shift in dentists' income since before economic downturn

Primary reason is drop in dental visits, HPRC says

BY KELLY SODERLUND

The recession has caused an expected decrease in dentists' income but ADA survey data shows that drop has been occurring since 2005, years before the economic downturn began.

This is according to an article set to appear in the May edition of The Journal of the American Dental Association, titled "An Analysis of Dentists' Incomes, 1996-2009," and penned by staff members at the ADA's Health Policy Resources Center.

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

"I think the primary takeaway is that there are things affecting dentists' income that are more than the bad economy," said Dr. Jeffrey Cole, member of the Council on Dental Practice's Subcommittee on Economic Issues.

The team looked at the average net income levels of independent general practitioners (dentists who own their own practice) from 1981 to 2009, the most recent year data was available.

The HPRC used results from the ADA's annual Survey of Dental Practice, which polls a national random sample of 4,000 to 7,000 dentists in private practice.

The real net income of independent general practitioners increased from $170,834 in 1996 to a high of $217,850 in 2005.

Starting in 2006, there was a gradual decrease and by 2009, average real net income had fallen to $192,680, an average annual decrease of 3 percent.

"Historically, net income levels for dentists have fluctuated with economic conditions. However, general practitioners' net income levels have declined since 2005, more than two years before the start of the economic recession," the article says.

"This inspires some important questions: how much of the decrease in dentists' average net income is being driven by short-term cyclical movements in the economy and how much is rooted in longer-term underlying structural changes in the market for dental services?"

HPRC staff hypothesized that a number of factors could have contributed to a decline in net income. Using various data sources, they examined trends in:

- average gross billings per visit;
- average rate of collection of gross billings;
- average number of annual visits to a dentist among people who visited a dentist;
- percentage of the population who visited a dentist;
- population-to-dentist ratio;
- average practice expenses.

The authors then posed the question of whether dentists' incomes would return to pre-recession levels. The answer? Maybe not.

There's no telling whether once the recession is over, more people will start to visit the dentist more often.

More than 90 percent of dental expenditures in the United States are paid for out-of-pocket or through private insurance. And the number of people with private insurance has decreased steadily over the past several years.

On the public side, several states have reduced eligibility for dental benefits among adult Medicaid beneficiaries or have reduced reimbursement rates, the article said.

"Whether these trends will continue or reverse is unclear and it's something the HPRC is closely monitoring," said Marko Vujicic, Ph.D., managing vice president of the HPRC. "With continued fiscal pressure within state programs and the uncertain impact of health reform, there is simply a lot of uncertainty at this stage."

The ADA is studying the potential implications of the Affordable Care Act for dentistry, as requested by the House of Delegates.

Another driving force is the future supply of dentists.

The only available data shows the population-to-dentist ratio is projected to remain fairly steady through 2020, but the article suggests that data may be ambiguous because it did not account for newly opened and planned dental schools.

"The question becomes, what happens when you get an influx of dentists?" Dr. Cole said.

It may be as simple as supply and demand, he said. If there are more dentists seeing patients, competition increases and in order to remain in business, your fees need to be competitive, Dr. Cole said.

While these statistics are alarming and indicative of a long-term issue, there is data to suggest a mild upswing for dentists. Jeff Johnson, an optometrist and a senior medical technology analyst for Robert W. Baird & Co. Inc., a financial services firm, who studies the dental market, reported the dental industry feels better than it did a year ago and said dentists are starting to see an improvement in patient volume and cash flow.

The ADA has a number of initiatives aimed at promoting oral health and dentists' practice success. CDP will present a course at Annual Session titled Has the Economic Downturn Changed Dentistry Forever? It's scheduled for 10:30 a.m.–1 p.m. on Thursday, Oct. 18, and participants are eligible to receive two and a half continuing education hours.

The ADA is also involved in an initiative with Sharecare.com, a consumer website co-created by Mehmet Oz, M.D., also known as Dr. Oz, and Jeff Arnold, founder of WebMD.

"Historically, net income levels have fluctuated with economic conditions. However, general practitioners' net income levels have declined since 2005, more than two years before the start of the economic recession."

ADA staff and trained members answer consumers' questions about oral health and the information is posted on the website for all to see.

Millions of consumers have visited Sharecare.com seeking answers to their health care questions from health care professionals and the ADA sees it as a way to promote accurate information about oral health care.

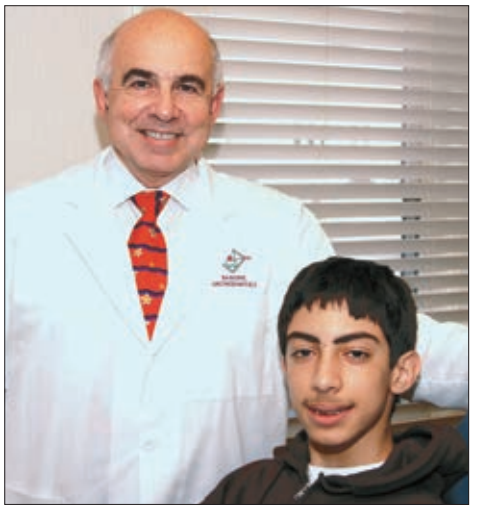
Dr. Roger Kiesling, a member of the ADA Board of Trustees, cites all of these as good examples of the ADA doing its job of promoting oral health care and prevention. The article raises the question of whether the public cares less about their oral health, which can lead ADA officials to question the Association's effectiveness of communicating how important care and prevention is, Dr. Kiesling said.

"I do think the ADA is doing a good job at communicating its message and helping the public understand why it's important to be mouth healthy. I just think we're evolving into a society where there's this message overload and instant communication in every way, shape or form and a lot of attention-grabbing stuff that competes with this kind of message," Dr. Kiesling said.

"As a board member, I'm excited to see such a well-done article by the ADA's Health Policy Resources Center. Our surveys provide some of the best value for members looking to get information about the industry and trends." ■

—soderlundk@ada.org

Orthodontists pilot charitable access program, eye nationwide expansion



Donated services: Dr. Nicholas Barone (right) begins a new case with patient Juan Perez.

BY KAREN FOX

St. Louis—Inspired by the work of Donated Dental Services, the American Association of Orthodontists set out to create a charitable access program for children in need of orthodontic care.

Today, with a successful pilot program behind them and a plan for growth in place, the association is eyeing ways to take Donated Orthodontic Services nationwide.

AAO began Donated Orthodontic Services in 2009 with the mission to serve children without insurance coverage or those who do not qualify for other forms of assistance. A pilot program was launched in five states—Illinois, Indiana, Kansas, New Jersey and Rhode Island—and volunteer orthodontists were sought to provide care.

"The response from members was phenomenal, which is not a surprise," said orthodontist Dr. Raymond George Sr., a member of the AAO Access to Care Task Force and a past president whom the association calls the visionary behind the Donated Orthodontic Services program. In the five states, 266 volunteer orthodontists signed up to provide care; 262 children from low-income families registered for treatment; and to date, 170 children have been placed with volunteer orthodontists. Since 2009, five patients have completed treatment.

"Orthodontists are looking for a program like this," said Dr. George. "I've never met an orthodontist who doesn't do pro bono work. They are more than willing to share what they can do to help the needy."

The program's success hinges on a partnership with Dental Lifeline Network, formerly the National Foundation of Dentistry for the Handicapped, which administers the program. DLN coordinators also prescreen patients to assess financial needs and project levels of compliance with orthodontic treatment.

Dr. George

States in the pilot program set their own criteria for acceptance, said Dr. Nicholas D. Barone, a Rhode Island orthodontist and chair of AAO access task force. Patients have to demonstrate a compelling financial need—usually about 200 percent of the federal poverty level—and pay a fee of $200 for care. The money is for coordination of care only; the orthodontist donates his/her services.

"It's always nice to help people out," said Dr. Barone, who just began treating his second patient as part of the program. "You take a lot of personal satisfaction in giving someone a new smile and new outlook on life, especially someone who wouldn't have gotten that opportunity otherwise."

Patients in some states encountered longer waiting lists for care but there was no wait in Dr. Barone's state. "We also ask volunteers to start one new patient a year as opposed to 'one and done.' That's to ensure ongoing involvement in support of the community. Members have been very receptive to this."

"With the help of the Dental Lifeline Network, and their 25 years of experience with the DDS program, our DOS program in New Jersey is practical, economical and very successful," said Dr. Barry Raphael, chair of the New Jersey Donated Orthodontic Services Committee. "It is an easy program to run and should be available in any state that wants to help bridge the needs gap."

The next step in the program's evolution is to get it up and running in the remaining 45 states, said Dr. George. "We will bring states in gradually; not all at once, but we are continuing the program and increasing the number of orthodontists who participate. We hope to take it national by asking vendors and manufacturers to support startup costs."

A business plan has been developed. More information can be found at www.aaomembers.org/Resources/AAO-Donated-Orthodontic-Services-Program.cfm. ■

—foxk@ada.org

NASCAR's Greg Biffle kicks off 2012 GKAS activities at N.C. elementary school

Mooresville, N.C.—Hot off his victory at Texas Motor Speedway, NASCAR star and Give Kids A Smile spokesman Greg Biffle launched his 2012 GKAS schedule April 17 at a program for more than 500 students promoting dental health at Lake Norman Elementary School in Mooresville, N.C.

NASCAR star: At left, Greg Biffle (center) interacts with a child at Lake Norman Elementary School April 17. He is flanked by the trophy from his recent Texas Motor Speedway victory and his No. 16 3M Ford Fusion.

Showcasing his No. 16 3M Ford Fusion car and the cowboy boot-shaped trophy he won at the NASCAR Sprint Cup Series Samsung Mobile 500 on April 14 in Fort Worth, Texas, Greg encouraged youngsters to put good oral health on the fast track by brushing, flossing, visiting the dentist and making healthy food choices.

GKAS hits the fast track: Kids and staff from Lake Norman Elementary School in Mooresville, N.C., pose for a photo with NASCAR star Greg Biffle and his No. 16 3M Ford Fusion April 17.

As part of the GKAS yearlong 10th anniversary celebration, Greg will also be on hand when GKAS, Henry Schein Inc., the ADA Foundation and 3M ESPE team up at Richmond (Va.) International Raceway April 27-28 for a screening and education program. Underserved children will receive free dental evaluations, fluoride treatments and, if needed, dental sealants. Greg's No. 16 3M car will sport a special Give Kids A Smile paint scheme during the 58th annual Richmond 400.

Fans can follow GKAS on Facebook at www.facebook.com/GiveKidsASmile.

For more information on Give Kids A Smile, visit www.ada.org/givekidsasmile.aspx. ■

Radiographs

Continued from Page 1

which can be viewed at ADA.org. (Click the Public Resources tab, Oral Health Topics, Radiography/X-ray and Dentist Version to find The Selection of Patients for Dental Radiographic Examinations.)

In "Dental X-rays and Risk of Meningioma," the authors, led by researcher and neurosurgeon Elizabeth B. Claus, M.D., of Yale University School of Medicine and Brigham and Women's Hospital, conclude that "exposure to some dental X-rays performed in the past, when radiation exposure was greater than in the current era, appears to be associated with an increased risk of intracranial meningioma."

Using anecdotal evidence, the population-based, case-control study compared dental and therapeutic radiation histories in 1,433 patients who had intracranial meningiomas diagnosed between ages 20 and 79 with a control group of 1,350 patients. Data collection involved interviews and questionnaires and relied on the patients' recall of details related to dental care received over their lifetimes.

According to the study report, "Participants were asked to report the number of times they had received bitewing, full-mouth, or panoramic films" during four stages in life: before age 10, between ages 10 and 19, between ages 20 and 49, and up to age 50.

Dr. Alan G. Lurie, a radiation biologist and head of radiology at the University of Connecticut School of Dental Medicine, has many concerns about the study's design and outcomes. "I think it is a very flawed study," said Dr. Lurie, who is also president of the American Academy of Oral and Maxillofacial Radiology.

He characterized at least one outcome of the study—reflected in a table that related meningioma risk to types of dental X-ray examination—as "radiobiologically impossible."

Said Dr. Lurie, "They have a table, Table 2, in which they ask the question, 'Ever had a bitewing,' and the odds ratio risk from a bitewing ranges from 1.2 to 2.0, depending on the age group. Then they asked 'Ever had full mouth' series, and the odds ratio risk from a full mouth series ranged from 1.0 to 1.2.

He characterized at least one outcome of the study ... as "radiobiologically impossible."

"That is biologically not possible because the full mouth series has two to four bitewings plus another 10 to 16 periapicals. A full mouth series, just to round things off, is 20 intraoral X-rays of which two to four are bitewings. They are showing that one bitewing has 50 to 100 percent greater risk than a full mouth series that has multiple bitewings plus a bunch of other films."

Explaining this gross internal discrepancy is difficult, as the epidemiologic and statistical methods are widely accepted, Dr. Lurie said. He attributes the perceived discrepancy in the data to possible recall bias in the patients involved in the study.

"Epidemiologists are very aware of this bias," Dr. Lurie said. "What happens is you're asking people to remember what kind of dental X-rays they had 10, 20, 30 or 40 years ago, and how frequently they had those X-rays. It's anecdotal, and the argument is that it's just as anecdotal for the group without meningiomas as it is for the group with meningiomas. That is not necessarily true."

Individuals who had meningiomas and had surgery for them in this study population may be more likely to remember having had X-rays than individuals who did not have meningiomas, Dr. Lurie said.

Dr. Lurie emphasized that his comments on the dental X-rays study are his own.

In addition, AAOMR's official statement similarly took issue with the study's validity. Dr. Ernest Lam, associate professor of oral and maxillofacial radiology/biological and diagnostic sciences at University of Toronto Faculty of Dentistry, and Dr. Jie Yang, professor of oral and maxillofacial radiology at Temple University Kornberg School of Dentistry, are the statement's authors.

"A number of irreconcilable data collection and consistency problems highlight serious flaws in the study and render the conclusions invalid," the AAOMR statement concluded.

The statement also said: "Absorbed doses from dental radiography have declined upwards of 60 percent in recent years as a result of faster X-ray film speed, the development of digital sensor technology, X-ray beam collimation and patient shielding. Given that these and other factors were not known to the subjects or reported, it is impossible to recreate a dose-response relationship between the radiation doses subjects received and the development of meningioma."

The AAOMR statement can be viewed at aaomr.org under the Latest News tab on the home page.

A broad range of local, national and international media reported news of the dental X-rays study, including ABC World News with Diane Sawyer, CBS This Morning, Good Morning America, USA Today, The Sun (United Kingdom), The Daily Mail (United Kingdom) and others.

The study can be viewed online free of charge at onlinelibrary.wiley.com. Type Dental X-rays and Risk of Meningiomas in the search field (without quotations).

The ADA in November 2010, with the support of an educational grant from Schick Technologies Inc., distributed Safe Use of Radiographs in Dentistry, a full-color poster that ADA members can order free from schicktech.com or by calling Emily Brown at 1-718-482-2131.

Also, members may take the ADA Online CE course: Radiographic Examinations: Choosing the Right Patients and Equipment, which can be accessed at adaceonline.org.

Visit ADA.org for additional resources on dental X-rays (www.ada.org/3067.aspx). ■

—williamsj@ada.org

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Indiana University and Kenyan dental schools develop student exchange program

BY JEAN WILLIAMS

Indianapolis—If an Indiana University School of Dentistry student says that he or she helped to structure a dentistry program while volunteering abroad, that student might have even helped to mix concrete.

IUSD has an evolving relationship and an academic exchange program with a relatively new dental school at Moi University in Eldoret, Kenya. IUSD faculty and students have witnessed and participated in the new dental school's growth from the ground up, literally.

"When we first got out there, we went to where the temporary dental school was, and we met with the dean of the school and some of the students that were there," said fourth-year student Chris Kutanovski, who journeyed to Kenya before starting his second year at IUSD. "Right across the way they were building the site for the eventual, permanent dental school. At that time, they were basically digging out the foundation. We thought, 'How neat would it be to actually be able to help with the construction of the new dental school?'"

Mr. Kutanovski and the two other IUSD dental students who made up that first exchange group pitched in to help one afternoon, hauling dirt and mixing concrete with the construction workers.

He marveled at how much the Kenyans did with a lot less equipment and materials than Americans are accustomed to seeing at a construction site. "We spent an afternoon working alongside the workers, just getting to know them and asking questions. We were really trying to relate to how they build and how they work out there without having heavy machinery," he said. "Everything we did was basically with our two hands. It was really rewarding to be able to throw ourselves into it and really feel the hard work that goes into building a building out there."

Mr. Kutanovski was among the first group of IUSD academic exchange students who traveled to Kenya for the three-week exchange program with Moi University School of Dentistry in 2010, while the new school's six-story dental school was under construction, as part of the Indiana University School of Dentistry's International Service-Learning Program.

Aside from experiencing the dovetailing of two cultures, IUSD students learn about how dentistry and medicine are practiced beyond America's borders. IUSD student John Emhardt, who made the trip to Kenya in June 2011, was amazed at the five-year academic structure that allows Kenyan dentists to be educated with medical and nursing students for the first two years before separating into dedicated studies for their chosen fields—unless they decide to make adjustments.

"What they can do in those first two years is swap," Mr. Emhardt said. "If someone went in as a dental student and they're doing really well in the classes, they can apply again for medical school and get switched. Or maybe it's a medical student really interested in dentistry. They can switch. Or, a nursing student can switch in those first two years. They have a really close relationship."

About 60 IUSD students travel through the service learning program each year, with students and faculty financially supporting their own way abroad. IUSD also has service-learning programs in Ecuador, Haiti, Mexico, Guatemala, Brazil, Honduras and Vietnam.

"The IU-Moi University partnership supports the IU dental school international service learning activities by providing a firsthand immersion experience for our students," said Dr. John Williams, IUSD dean. "The learning experience by our students is leaving an indelible impression on their world view and will significantly influence their approach to patient care and practice throughout their professional careers."

IUSD faculty members Drs. Timothy Carlson, E. Angeles Martinez-Mier and Karen Yoder, Ph.D., have guided the development of IUSD's International Service-Learning program since its inception in 2000.

"By the time they graduate, almost half of IUSD dental graduates have participated in one or more international service learning programs," said Dr. Yoder, IUSD director of civic engagement and oral health policy.

Plans for the IUSD-MUSOD partnership took about five years to firm up, with talks beginning just after first discussions about establishing a dental school at Moi University in 2003. Because IU already had a successful academic exchange program between the Indiana University School of Medicine and Moi University, IUSD had extensive existing infrastructure to begin the relationship between the two dental schools.

"We knew that we really wanted to be a part of this partnership because it had become such a dynamic and important effort with such outstanding outcomes," Dr. Yoder said. "So in 2003, Dr. Tim Carlson and I went to Kenya and investigated the possibility of our school of dentistry initiating a partnership with their new school of dentistry as well. And it was very welcomed."

MUSOD ultimately was founded in January 2008. In June 2010, the first contingent of seven IUSD faculty and students traveled to Eldoret to found the academic exchange program—a rib of the IU-Kenya Partnership that the IU School of Medicine established in 1989.

Tooth and nail: Workers construct the Moi University School of Dentistry's new building in Eldoret, Kenya.

Well done: Indiana University dental students John Emhardt and Christine Foulkes work with two local residents to gather water from a village well for fluoride analysis.

The existence of the new school relieves pressure on University of Nairobi School of Dental Sciences, previously the only institution available to educate and train dentists in Kenya, Dr. Yoder said.

"There are about 700 dentists in Kenya for close to 40 million people," she said. "Obviously, they need more dentists. So starting a new dental school was a part of approaching that problem."

While IUSD, established in 1879, is one of the oldest dental schools in the United States, Moi University's dental school is four years old, having started with 15 students. But that doesn't mean the new school is short on educational opportunities for the IUSD students.

Though coming from the elder program, IUSD students are exposed to a different kind of academic rigor in the newer dental school. According to Mr. Kutanovski who wrote about his IUSD-MUSOD experience in the winter 2010-11 Journal of the Indiana Dental Association, IUSD students do rotations at Moi Teaching and Referral Hospital to learn more about the head and neck region. They accompany Moi University medical students on their rounds in the hospitals where they see conditions they would not likely see in the United States, such as tuberculosis and Burkitt's lymphoma.

"A couple of the days we were there, we visited the wards with our dental student,"

Dental duo: IUSD dental student John Emhardt and MUSOD dental student Anthony Kaleli screen a young patient in a Kenya primary school.

Partners: Indiana University and Moi University students gather in front of the temporary Moi University School of Dentistry building in Eldoret, Kenya.

Mr. Emhardt said. "We went on rounds at the Eldoret hospital, and we got to see some pretty amazing pathology. It was out of our scope, but there would be some cases where there would be some oral pathology and the faculty member would then seek out the dental student and ask the dental student questions alongside the medical student. Everybody was equal. Everybody was learning together. I thought that was pretty neat."

IUSD and MUSOD students and faculty worked together to launch Kenya's first community-based dental sealant program. They took portable dental equipment to schools, orphanages and a drop-in shelter for Eldoret's street children. They also collaborated on research to determine the effectiveness of autoclaves used in regional dental clinics and the concentration of natural fluoride in local water sources.

"The relationship between the two institutions is important to both of us because of the impact it has on both groups of students through their interactions in Kenya and in the U.S.," said Dr. Caroline Kibosia, MUSOD dean. "They learn so much from the other. They see very different conditions, diseases, learning and teaching environments. They experience life-changing events and open their minds to what is across each side of the Atlantic Ocean and how much they can learn from each other, especially the different cultures, technologies and community involvement."

MUSOD students traveled to IUSD in 2011, with the Indiana dental community supporting their travel. "The Indiana Dental Association and the Northwestern Indiana component dental society foundation sponsored the Kenyan dental students coming to Indiana and have pledged their support again this year," said Dr. Yoder.

Two MUSOD students visited IUSD as exchange students for five weeks last fall and two more have been selected for 2012. Dr. Yoder said IDA Foundation contributed $4,000 to $5,000 per student. It is money IDA Foundation considers well spent, said Dr. Raymond Maddox, president of the Indiana Dental Association Foundation for Dental Health, which has a long-standing supportive relationship with IUSD.

"It connects our dental students with a cross section of diverse cultures and learning situations that they don't experience just by being in the ivory tower of the dental school," Dr. Maddox said. "It helps them with their communities. It helps them with emergency care. It helps them in so many different ways."

Dr. Kibosia is enthused about the partnership's future and its possibilities for growth.

"My wish is that eventually we can teach and learn from each other across the Atlantic without leaving the continents," she said. "It is also my wish that we develop and teach an internationally recognized postgraduate program for oral health graduates and carry out collaborative research and publish together."

For more information about IUSD's International Service-Learning programs and their role in the IU-Kenya Partnership, visit isl.iusd.iupui.edu and www.ampathkenya.org/our-programs/clinical-public-health-services/dentistry. ■

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For some, ADA insurance is No. 1 reason to renew membership

BY KAREN FOX

Dr. Carmella Fanelle graduated from Temple University School of Dental Medicine in 1987, completed a general practice residency at Veterans Administration Hospital in Philadelphia then moved her practice to Barrington, N.J., where she's practiced for the past 20 years.

In addition to growing her practice, hiring staff and making equipment purchases, she also married and had three children. In more recent and challenging times, she's faced domestic violence, divorce and a diagnosis of melanoma.

Dr. Fanelle is an ADA member who chooses to carry all five of the ADA Insurance Plans administered and underwritten by Great-West Life & Annuity Insurance Co., and says she can't imagine where she'd be without them.

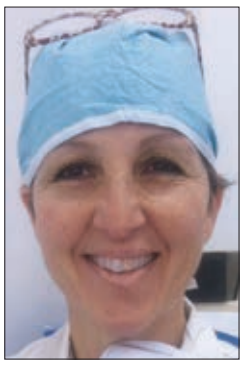
"The ADA plans really offer the best value for your hard-earned dollars," said Dr. Fanelle. "Great-West offers premium credits, or reductions in the premiums you pay. It's a very attractive feature."

In her many years of experience with Great-West, Dr. Fanelle has found the paperwork "hassle-free" and perhaps most importantly, unrivaled customer service.

"I was diagnosed with melanoma and had surgery in 2009," said Dr. Fanelle. "My ADA Insurance Plans specialist was the one who called me to suggest that I utilize my MedCASH benefit and submit a claim. How many agents do you know that are that up front and honest?"

MedCASH is supplemental medical insurance that pays cash benefits. Dr. Fanelle thinks it's one of the best-kept secrets about ADA Insurance Plans.

"You can pick your level of coverage: $500 a day for hospitalization, $250 for an emergency room visit. It's cash that helps you cover expenses when you need it the most. It also covers all of your family regardless of the number of children in your family."



Dr. Fanelle

She points out that despite having a life-threatening condition, her coverage continued. "They have helped me navigate through some of the more rough waters of my life.

"These were some tough times for me. The service I've received is always honest and always pleasant," she said. "The Great-West team has a long history of working with the ADA and the products are customized for dentists. It is without hesitation that I endorse all these products."

Are insurance products her main reason for renewing membership? "Probably; I think it is," she said. "The ADA Insurance Plans are the best bang for your buck, and I can't say enough good things about Great-West. I think if you have a long-standing relationship with an organization like this, they're listening to you and listening to your members." ■

Insurance

Continued from Page 10

the clinical practice of dentistry. If you can't practice because of a disability, you may be forced to change careers.

"Any occupation" coverage doesn't consider you totally disabled if you are still capable of performing the duties of another occupation that you're reasonably suited for, such as teaching or consulting. Own occupation is the most generous policy definition for disability protection—and the ADA Insurance Plans offers it.

"Great-West pays your full benefits if you're disabled and can't work in your special area of dentistry. Period," said Dr. Fink. "They even pay if you're able to practice other types of dentistry or choose to work in another occupation. They understand that our hands are the essence of our livelihood."

The ADA Insurance Plans also fund Student Term Life insurance, which is offered at no charge to ASDA/ADA student members. It's one way the ADA invests in students and helps them make a successful transition to practice.

Dental students also face the risk of debt becoming a burden to their families should they die or become disabled during their education. In addition to $50,000 in Student Term Life (ensuring debt protection for student loans and other financial obligations), the ADA Insurance Plans include Student Disability insurance, which provides a source of income if an illness, injury or accident prevents the student from completing dental school, and a loan repayment benefit in the event of disability. The Student Disability Plan benefits are also offered at no charge to ASDA/ADA student members.

Members who want to learn more about ADA Insurance Plans can visit insurance.ada.org or call a plan specialist at 1-888-463-4545.

Look for the ADA News to offer an occasional series in 2012 highlighting specific parts of the ADA Insurance Plans. ■

—foxk@ada.org