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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA News

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BRIEFS

FDI invites dentists to submit abstracts

Dentists from around the globe are encouraged to share their knowledge at the 101st FDI World Dental Congress Aug. 28-31 at the Istanbul Congress Center.

Those interested in presenting at the meeting must submit abstracts for oral, poster and poster discussion online

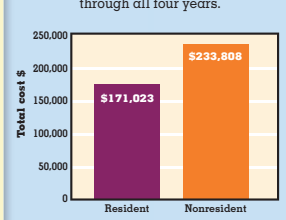
by March 29. All abstracts must be prepared in English. Topics can include general dentistry and oral health, preventive dentistry, dental treatment and restorative dentistry, oral surgery, oral medicine, oral pathology and oral immunology. Presenters must be registered to attend the meeting.

For abstract submission guidelines and rules, and more information about the congress, visit fdi2013istanbul.org. ■

JUST THE FACTS

Dental school cost

The total costs to students include tuition, instruments, textbooks and other fees through all four years.



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

Geneva treaty imposes no curbs on amalgam

BY CRAIG PALMER

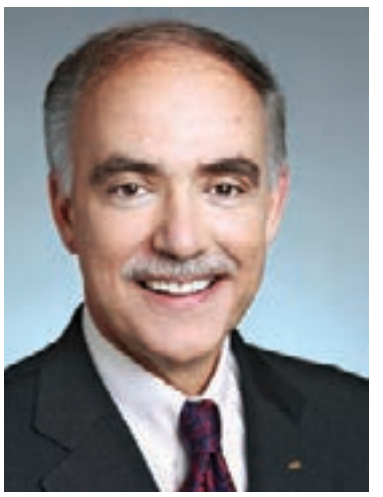
Geneva—The Association commended the prevention focus of the international mercury treaty approved Jan. 19.

"Caries, the disease that causes tooth decay, afflicts 90 percent of the world's population, making this a global public health issue," said Dr. Robert A. Faiella, president of the American Dental Association. "The ADA is gratified that the treaty conditions pertaining to dental amalgam protect this important treatment option without restrictions for our patients while balancing the need to protect the environment. It is vital for people throughout the world to continue to have access to a safe, durable, affordable treatment for tooth decay."

INSIDE Association reviewing new HIPAA rules, Page 6

Governments approved treaty "exceptions" to restrictions or bans for medical devices "where currently there are no mercury-free alternatives," according to the United Nations Environment Program, which convened the Geneva negotiations

See TREATY, Page 7



Dr. Faiella: Treaty protects amalgam as a treatment option while balancing the need to protect the environment.

Photo by Leslie Capo

Football flosser: Cameron Jordan, defensive end for the New Orleans Saints, spends his day Jan. 18 helping teach children about floss as part of a Give Kids A Smile pre-Super Bowl event with volunteers from the New Orleans Dental Association and Louisiana State University dental school.

GKAS Super Bowl style

New Orleans dentists, dental students, NFL players reach out to local children

BY STACIE CROZIER

New Orleans—Local dentists, dental students and members of the New Orleans Saints kicked off National Children's Dental Health Month/Give Kids A Smile season Jan. 18 with a special event that emphasized a healthy lifestyle as well as a healthy mouth.

New Orleans Dental Association Children's Dental Health Month co-chairs Dr. Kellie Axelrad and Dr. Nicole Boxberger planned a Super Bowl-themed event since the city is host to the 47th National Football League championship game Feb. 3. About 65 fourth-year dental students,

See NEW ORLEANS, Page 32

Help shape dental quality via DQA; conference set for June

BY KELLY SODERLUND

As health care systems and how they are financed continue to evolve, much attention is focused on how to measure the quality of patient care.

The Dental Quality Alliance, as established by the ADA, has taken the lead on developing quality measures within oral health care. These measures touch every practicing dentist in the United States, and as how dentistry is modeled and financed changes in the future—specifically as a result of the Affordable Health Care Act—they'll become even more prevalent.

INSIDE Dental emergency responder legislation, Page 6

The mission of the DQA is to advance performance measurement as a means to improve oral health, patient care and safety through a consensus-building process. And here's your chance to have a say.

The DQA wants to find, develop and mentor around 100 leaders

See DQA, Page 35

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ASSOCIATE PUBLISHER: James H. Berry
NEWS EDITOR: Judy Jakush
ASSOCIATE EDITOR: Stacie Crozier
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Tune up for National Children's Dental Health Month with Dudley the Dinosaur materials

Engage young patients and their parents during National Children's Dental Health Month and all year long with ADA patient education resources featuring Dudley the Dinosaur.

The newest, colorful and vibrant Dudley materials—and all patient education and personalized products—are available through March 15 at 15 percent off with promo code 13102.

The Dudley's Grade School Musical DVD (X889) is a new, eight-minute oral health video showing Dudley and friends auditioning for "Teeth: the Musical." The characters sing catchy songs about brushing, flossing, healthy eating, regular dental visits, mouthguards and sealants. Cost is $50 for members and $75 for nonmembers. A clip from the video is viewable on YouTube.com; search for "Dudley's Grade School Musical."

The Dudley and Friends Play Along Activity Book (W148) is the latest Dudley activity book. It features 10 pages of dental-themed games for completing and coloring. Activities for grades K-4 include: find the hidden toothbrush, connect the dots, crossword puzzle, word search, circle the difference and word scramble. Personalized versions are available (DAC009). Member cost is $42 for a pack of 50 books. Nonmember cost is $63 for a pack of 50 books.

For more information, visit www.adacatalog.org or call 1-800-947-4746. ■

VIEWPoint

MyView

Becoming experts at helping our patients quit

Todd Beck, D.M.D.

I quit smoking about 12 years ago. In fact, it's almost 12 years to the day. That was a big deal. I had smoked about a pack a day for just over 10 years. Cigarettes had become a large part of my coping mechanism for life. For the first few months, I didn't feel better; in fact, I was emotionally and physically worse. But I kept at it and over time I started to get and feel better. I could exercise without being winded and I could remain calm without an infusion of nicotine. Life was getting better.

Over the years I have not been afraid to talk to my patients about their smoking. After all, I was a smoker once, so we share a sort of unhealthy kinship. I know what they are going through and I know what it is doing to their oral and general health. I have walked the walk by quitting and not starting back up again; and that gives me some credibility ... with smokers anyway.

So, fast forward to about a year ago. I am sitting in a faculty meeting at the dental school and the head of grad perio comes up to me and asks if I would mind speaking to his residents on tobacco cessation for patients. I had been interviewed by our alumni newspaper on how I quit smoking and how I use that experience to help my patients quit smoking. Well, Dr. Carter had read that article and decided I was the expert at the dental school on tobacco cessation. Wow! It doesn't take much to be an expert these days.

We should do it because we have a professional responsibility to help the whole person and not just their dentition.

In any event, I found myself helping put together a full-day seminar on tobacco cessation for the entire student body and faculty of the dental school at Oregon Health and Science University. One of the senior instructors asked us why we would waste a perfectly good golfing day on something that is such a waste of time. He said we can't even get out patients to brush and floss, let alone quit something as addictive as smoking. And he is probably right.

So, why then should we educate ourselves on how to help our patients quit using tobacco products? Why should we bother with something that most, if not all, will not appreciate? The answer is simple: because we are health care providers. Because we have a responsibility to offer our patients the absolute best health care we can provide. We should do it for the same

See MY VIEW, Page 5

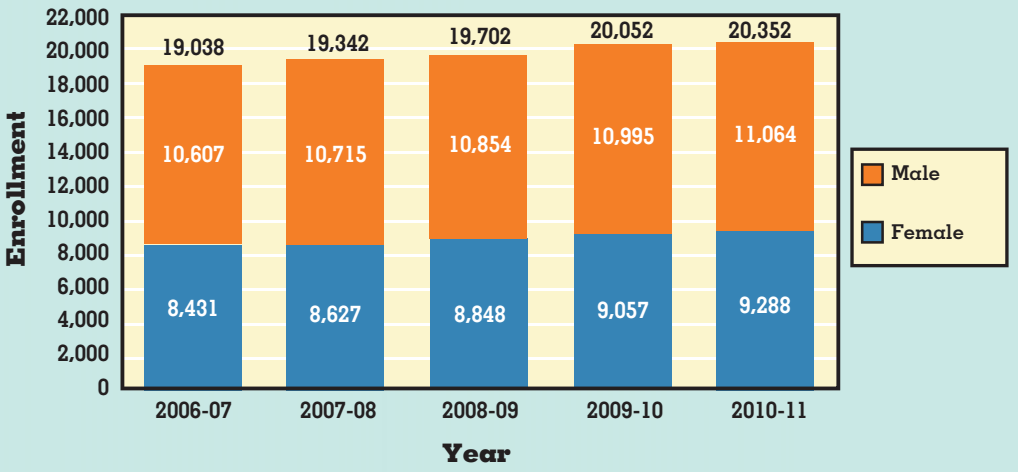
LETTERSPolicy

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

SNAPSHOTS OF AMERICAN DENTISTRY

U.S. dental school enrollment

Total enrollment in United States dental schools has grown each year between 2006-07 and 2010-11, from 19,038 to 20,352, an increase of 6.9 percent. During the same period, the proportion of female students has slightly increased from 44.3 percent to 45.6 percent of total enrollment.



Source: American Dental Association, Health Policy Resources Center, Surveys of Dental Education

Letters

Specialties

I read the article "Council Initiates Study of Criteria, Process for Specialty Recognition" (Jan. 7 ADA News) with some degree of hope that our organization would finally recognize the inevitable: that many practitioners have gone well beyond dental school training without specialty recognition because we have not kept pace with the explosion of knowledge and training available.

This attitude begins in dental school, when we still refuse to admit that we just cannot teach everything to be a general dentist in four years. So now we have one-year internships we call "residencies" and think the job of training young doctors is done.

But some doctors hunger for training beyond that and go into programs from two to four years in areas that are still considered general dentistry, and so remain untitled for all their efforts. They work side by side in public health dental clinics, and academics with those who have ended their formal training at the doctoral level, but are "grandfathered" because they have been in the job for a while. Others attend courses from one to six weeks and consider themselves "specialists" in esthetics or TMJD.

The time has come to reward those who seek and obtain advanced training, even training in advanced general dentistry, and stop acting as though we may offend some who do not put forth that effort. This may even encourage dental students and recent graduates to seek additional training in areas that need increased participation by our profession.

Larry D. Anderson, D.D.S.
Portland, Ore.

Medical device tax

You fail to address the major impact this tax will have upon the private practice dentist ("Medical Device Excise Tax Prompts Questions," Jan. 7 ADA News). The tax will be applied to and paid by the suppliers and labs who will add the cost of the tax to the delivered supplies or equipment and the finished, untaxable prostheses. The tax will ultimately increase the cost of doing business for the dentist who, for fee-for-service patients, may pass this added cost on if it can be accurately and reasonably determined; but for insured patients, the dentist will eat the end use cost of the tax.

There is no way insurance providers will increase their benefit allowance to compensate for this additional cost, which will likely be more than the "modest increase" you describe. If you are not addressing this as you attempt to repeal this tax, you're doing the members a disservice. You may be assured the Obama administration and those who created the Affordable Health Care Act simply believe dentists are "rich," "didn't build" their practices and are among those who are unfairly rich and deserve to be punished by higher taxes.

Richard F. Worley, D.D.S.
Denver

Editor's note: The ADA agrees with Dr. Worley; the medical device tax is one that would unfairly be passed on to providers. Also, it

See LETTERS, Page 5

MyView

Continued from Page 4

reasons we keep talking to deaf ears about better home care and prevention. We should do it because we have a professional responsibility to help the whole person and not just their dentition.

We all know the effects tobacco has on health. Our patients know it, too. Why then, would someone elect to continue a habit that is killing themselves and endangering the health of those around them? Because it's an addiction! And unless you have smoked, you really have no idea what that means and how difficult it is to stop. Are we, as dentists, going to be the sole reason a patient will stop using tobacco? Probably not, but we can be one reason that may help them quit. We have many tools at our disposal to aid in helping our patients. First of all, we see them twice a year and talk to them about their oral health. That is a perfect opportunity to bring up smoking or chewing as it relates to oral health and remind them of the benefits of cessation. We can prescribe medications that will aid in kicking the habit and we can recommend support groups, quitlines and over-the-counter nicotine replacement products.

I have a longtime patient in my practice. I'll call him Jim (yes, he is real). Jim has been coming to me for 12 years. He has a near 40-pack-a-year history of smoking, and over the past decade I have seen his periodontal and general health decline. Every appointment, I or my hygienist would ask him if he was ready to quit. Finally after 10 years, he said yes. He actually did it on his own with nicotine patches and a support group. When I asked him what finally made him decide to quit, he said he didn't want to lose his teeth. Of all the reasons this man had to quit, it was the threat of losing his teeth that motivated him into action. He actually thanked me for not giving up on him. That was over two years ago and he still doesn't smoke and has all this teeth.

Talking to patients about tobacco isn't comfortable. It's much easier to leave it to their physicians or some other health care professional. But who said practicing dentistry was easy? I think we have a professional responsibility to do everything in our skill set to improve the health and lives of our patients.

Dr. Beck is the president of the Multnomah Dental Society in Oregon. His comments, reprinted here with permission, originally appeared in the October 2012 issue of the MDS Hotline newsletter.

Editor's note: According to the ADA Council on Access, Prevention and Interprofessional Relations, studies have shown that dentists can be effective in assessing and advising tobacco users (including smokeless/spit tobacco users) to quit. Given the large number of tobacco users who visit a dental office each year, the potential impact of advising patients to quit is substantial. The U.S. Department of Health and Human Resources' website (www.ahrq.gov/path/tobacco.htm#Clinic) offers Treating Tobacco Use and Dependence: Clinical Practice Guidelines, which include evidence-based recommendations for dentists as well as professional and patient resources. Patients can also be referred to www.smokefree.gov and 1-800-QUIT NOW—the national access number to state-based quitline services.

The University of Montana is holding the 7th National Smokeless and Spit Tobacco Summit for health professionals and researchers in August. For information, see Page 13.

Letters

Continued from Page 4

is likely that many patients will ultimately bear the burden imposed by the tax. The ADA, through its Washington Office, continues to urge Congress to repeal the tax. For more information, visit www.ada.org/8053.aspx.

The ADA and a coalition of dental organizations that includes the Dental Trade Alliance and National Association of Dental Laboratories has issued two letters to the Internal Revenue Service calling attention to the way in which the tax would be applied, how medical insurance differs from dental benefits and the consequences the tax could potentially have on dental patients. The coalition's letter regarding the proposed rule stated that: "Medical device manufacturers, producers and importers are likely to pass any costs imposed by excise taxes on to providers and ultimately patients in the form of higher prices for those devices. Good oral health is an essential part of an individual's overall health and well-being. An increase in the cost of oral health care as a result of the excise tax on medical devices, including dental and orthodontic devices, will of course negatively impact access to oral health care services at a time when many are already experience economic hardship because of the slow-to-recover economy."

For more information on the medical device tax, visit www.ada.org/8053.aspx.

Free marketplace?

I read the article "Medical Device Excise Tax Prompts Questions" with great interest. This is in effect an indirect tax to hide

See LETTERS, Page 16

GOVERNMENT

Congress jump starts dental responder legislation

ADA-backed bill passed by House of Representatives, sent to Senate

BY CRAIG PALMER

Washington—The U.S. House of Representatives Jan. 22 passed and sent to the Senate ADA-backed dental emergency responder legislation.

The 395-29 bipartisan vote revives legislation to recognize the importance of dentists and dental facilities to the nation's medical surge capacity without mandating participation by dentists. H.R. 307 would reauthorize several pandemic medical disaster and emergency response programs. Dental responder legislation has gone through several iterations in several Congresses with widespread professional and congressional support but fallen short of final passage.

Rep. Mike Rogers, R-Mich., introduced H.R. 307 in the 113th Congress with co-sponsor Reps. Michael Burgess, R-Texas; Anna Eshoo, D-Calif.; Gene Green, D-Texas; Frank Pallone, D-N.J.; and Henry Waxman, D-Calif. The legislation says that the National Health Security Strategy "may include" dental personnel and facilities.

Visit ADA.org for a legislative history and information on dentistry's disaster response capacity. ■

—palmerc@ada.org

New HIPAA rules issued

BY CRAIG PALMER

Washington—The Association is reviewing an omnibus final rule issued Jan. 17 by the Department of Health and Human Services to extend patient privacy and security protections under the Health Insurance Portability and Accountability Act of 1996.

The HIPAA rule is effective March 26, and covered entities, including covered dental practices, will have an additional 180 days, or until Sept. 23, to comply with applicable requirements.

The regulations:

- enhance HIPAA enforcement;
- expand many HIPAA requirements to business associates such as contractors and subcontractors that receive protected health information;
- expand individuals' rights to receive electronic copies of their health information and to restrict disclosures to a health plan concerning treatment for which the provider has been paid out of pocket in full;
- modify rules that apply to marketing and fundraising communications and the sale of protected health information;
- expand the definition of "health information" to include genetic information;
- clarify when data breaches must be reported to the HHS Office for Civil Rights.

"Much has changed in health care since HIPAA was enacted over 15 years ago," HHS Secretary Kathleen Sebelius said in a news release. "The new rule will help protect patient privacy and safeguard patients' health information in an ever expanding digital age."

The final rule was published in the Jan. 25 Federal Register, the digest of government regulatory activity. ■

Treaty

Continued from Page 1

among more than 140 nations including the United States:

- "vaccines where mercury is used as a preservative have been excluded from the treaty as have products used in religious or traditional activities;
- "delegates agreed to a phase-down of the use of dental fillings using mercury amalgam."

Dental amalgam is not subject to any restrictions on use. Instead, the treaty calls for phasing down the need for amalgam through increased prevention and other activity. Language in ANNEX C Part II: Products subject to Article 6, paragraph 2 said, "Measures to be taken by a Party to phase down the use of dental amalgam shall take into account the Party's domestic circumstances and relevant international guidance, and shall include two or more of the measures from the following list:

- "setting national objectives aiming at dental caries prevention and health promotion thereby minimizing the need for dental restoration;
- "setting national objectives aiming at minimizing its use;
- "promoting the use of cost-effective and clinically effective mercury-free alternatives for dental restoration;
- "promoting research and development of quality mercury-free materials for dental restoration;
- "encouraging representative professional organizations and dental schools to educate and train dental professionals and students on the use of mercury-free dental restoration alternatives and promoting best management practices;
- "discouraging insurance policies and programs that favor dental amalgam use over mercury-free dental restoration;
- "encouraging insurance policies and programs that favor the use of quality alternatives to dental amalgam for dental restoration;
- "restricting the use of dental amalgam to its encapsulated form;
- "promoting the use of best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land."

"By phasing up global preventive strategies, we can tremendously improve oral health outcomes and by extension overall health outcomes," said Dr. Faiella, the ADA president. "Countries must make concerted efforts to raise awareness and empower healthier behaviors."

The FDI World Dental Federation and its constituency of 200-plus national dental organizations including the ADA and dental specialties and International Association for Dental Research have long supported a phase down approach to the use of dental amalgam accompanied by a "phase up" focus on preventive strategies to reduce caries, the disease that causes tooth decay. The dental organizations also support other treaty measures calling for increased research, development of alternatives to dental amalgam, and best management practices that involve capturing and recycling amalgam waste.

The ADA is particularly pleased that the treaty calls for setting national objectives aimed at dental caries prevention and health promotion, Dr. Faiella said. "Long term it is critically important to raise global awareness of the importance of oral health to overall health, including how to prevent dental diseases. Doing so decreases the need for all cavity-filling and other restorative materials including dental amalgam."

The United States took part in the treaty negotiations that concluded with a fifth and final session Jan. 13-19 in Geneva. ADA observers attended the Geneva conference and other sessions convened over a four-year period to prepare a legally binding treaty to reduce mercury emissions and releases to air, water and land. The treaty text will be open for signature at an October diplomatic conference in Japan. The UNEP expects the treaty to come into force in three to five years. Initial funding "to fast track action" has been pledged by Japan, Norway and Switzerland.

"The ADA appreciates the willingness of the U.S. delegation from the State Department, Food and Drug Administration and Environmental Protection Agency to consider and be guided by the best available scientific information pertaining to dental amalgam," Dr. Faiella said in a statement.

The Association and a coalition of American dental organizations in a June 2012 letter to the State Department urged the U.S. negotiating team "to use the ongoing negotiations … as an opportunity to promote public health here and throughout the world."

The largest nonnatural source of mercury in the environment comes from the burning of coal. The treaty also considered other sources such as small-scale gold mining and the Chlor-alkali sector. The negotiations included discussion of mercury-containing products. Based on usage, dental amalgam was last on a list of products that included batteries, measuring devices, electric switches and relays and mercury-containing lamps, meaning light bulbs.

The International Association for Dental Research participated in and contributed to the treaty negotiations, along with the FDI World Dental Federation and the International Dental Manufacturers, "and has advocated for a reduction in the use of dental amalgam (versus a ban) through increased attention to dental prevention and health promotion, increased research and development on alternatives and best management techniques for amalgam waste," said an IADR news release.

In advance of the Geneva negotiations and the treaty's ANNEX C call for "promoting research" on alternatives to dental amalgam, a December 2012 Dental Materials Innovation Workshop identified potential research priorities, according to an IADR workshop summary. The workshop was sponsored by the IADR, King's College London and FDI World Dental Federation and co-sponsored by the World Health Organization and U.N. Environment Program. Proceedings will be covered in greater detail in a scientific peer-reviewed journal, the IADR said. ■

—palmerc@ada.org

SCIENCE

Dental infection control pioneer James Crawford, Ph.D., dies at 81

BY JEAN WILLIAMS

Chapel Hill, N.C.—James Joseph Crawford, Ph.D., a pioneering and pivotal figure in dental infection control, died Jan. 11 at the age of 81.

Known to friends and colleagues as Jim, Dr. Crawford was born in Springfield, Ill. He had been a resident of Chapel Hill, N.C., since 1956 and was formerly a professor of microbiology at the University of North Carolina at Chapel Hill School of Dentistry, where his career took shape and he evolved to become a revered figure for his strides in dental infection control.

Dr. Crawford's body of work helped to stanch the spread of infection during dental treatment, being perhaps most noted for bringing attention to how saliva can be a vessel for easily spread pathogens.

John Molinari, Ph.D., a Detroit-based microbiologist and consultant to the ADA Council on Scientific Affairs, had a long acquaintance with Dr. Crawford, first meeting him when Dr. Molinari was a graduate student at the University of Pittsburgh in 1965.

Later, when he became a faculty member at the University of Detroit School of Dentistry in 1977 and managed the school's infection control program, he became a "dear friend and colleague."

Pioneer: James Crawford, Ph.D., was lauded for calling attention to how saliva can be a vessel for easily spread pathogens.

"He brought microbiology and science into the area of dental infection control," Dr. Molinari said.

"Before then, there were clinical things, such as not wearing gloves. Some things were being sterilized, but others weren't. He saw what was happening. He saw the potential for hepatitis B infection and other infections, and he was the first one to say, 'We need to do something about it.' "

Dr. Molinari credited his colleague as being first to visually show people how infection could spread and to make a call for better protection for the dental team.

"He was a first," Dr. Molinari said. "They don't make people like that anymore. He was a humble man; he impressed everyone around with his humility."

Both Drs. Crawford and Molinari were founding officers of the Organization for Safety, Asepsis and Prevention. In 1998, OSAP established an annual award in Dr. Crawford's name recognizing lifetime achievement in dental infection prevention and control.

Dr. Crawford himself was the first recipient. Dr. Molinari was the second.

Dr. John Young, who lives in Windcrest, Texas, was instrumental in developing medical and dental treatment equipment and procedures for NASA's Space Shuttle and International Space Station. He was Dr. Crawford's colleague and knew his dental infection control efforts well.

"He was one of the basic science mainstays and through OSAP consistently kept telling us, in his quiet way, that this was really

See DR. CRAWFORD, Page 9

FDA proposes device reclassification

Federal agency inviting comments through April 15

BY CRAIG PALMER

The U.S. Food and Drug Administration invites comments through April 15 on proposed reclassification for regulatory purposes of blade-form endosseous dental implants with general and special controls to provide reasonable assurance of their safety and effectiveness.

The Jan. 14 Federal Register notice invites electronic comments on Docket No. FDA-2012-N-0677 to www.regulations.gov and written submissions by mail/hand delivery/courier to Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852.

The proposed order describes the blade-form endosseous dental implant as a device placed into the maxilla or mandible and composed of biocompatible material, such as titanium alloy or commercially pure titanium, with sufficient strength to support a dental restoration, such as a crown, bridge or denture, intended for the purpose of replacing tooth (or teeth) roots and extending a support post through the gingival tissue into the oral cavity to restore chewing function.

"FDA has been reviewing these devices for many years and their risks are well known," the notice said.

"A review of the applicable clinical literature indicates that the device has a high success rate (remaining implanted/not removed) and that few relevant adverse events have been reported in the case of these devices or related devices suggesting that the device has a high long-term safety profile." ■

—palmerc@ada.org

Dr. Crawford

Continued from Page 8

important," Dr. Young said.

Dr. Young indicated that OSAP's eventual involvement in government regulation and the advent of HIV, and its impact on clinical medicine and dentistry, further underscore Dr. Crawford's significant contributions to dental infection control.

"Infection control and asepsis suddenly became very important for the dental profession, and fortunately forward-thinking scientists like Dr. Crawford were already there and working through organizations like OSAP to provide assistance," Dr. Young said.

Dr. Crawford earned bachelor's and master's degrees in microbiology from the University of Missouri and a Ph.D. in microbiology from the University of North Carolina at Chapel Hill in 1962.

Postdoctorate investigations at UNC School of Medicine of the bacteria in the nasal passages that caused hearing loss in children with cleft palates led to Dr. Crawford's study of anaerobic organisms in the mouth and dental infections. The mouth and dental studies were in collaboration with the chairman of endodontics at the UNC School of Dentistry, which Dr. Crawford joined in 1963.

Hallmarks of Dr. Crawford's career include consulting with the ADA Council on Dental Therapeutics and the ADA Council on Dental Materials, Instruments and Equipment (both later merged into the Council on Scientific Affairs); and consulting with the Centers for Disease Control and Prevention.

In the 1970s, Dr. Crawford developed "If Saliva Were Red," a landmark visual depiction of how pathogens may be spread through saliva during the practice of dentistry.

The work proved seminal and OSAP teamed with the Centers for Disease Control and Prevention in 2003 to produce a video by the same name that colorfully illustrates how contamination can occur from routine dental treatment and how to take proper precautions to protect dental workers and patients.

The ADA offers an "If Saliva Were Red" DVD in its products catalog, and OSAP and the CDC recently re-produced and released a version of it.

Dr. Crawford is survived by Ann Roach Crawford, Ph.D., his wife of 30 years, six children and a brother. Condolences may be extended to Dr. Ann Roach Crawford at 311 Warren Court, Chapel Hill, N.C., 27516 or by email at jjcra@earthlink.net. ■

ADA ACE Panel seeks clinical dentists for product feedback

More than 1,500 members participate annually

ADA members practicing clinical dentistry are invited to participate in the ADA Clinical Evaluators Panel.

More than 1,500 ADA members participate annually in the ACE Panel to indicate via online surveys the products they would like to have evaluated by the ADA Professional Product Review.

ACE Panelists also provide feedback about how certain dental products perform in their offices.

The ADA Professional Product Review began as a 16-page, quarterly publication delivered bagged with the Journal of the American Dental Association.

Beginning in April 2012, the Review moved entirely online as a digital magazine and a PDF and executive summaries are now printed in the corresponding issue of JADA.

All issues of the Review can be accessed in the archives.

Join the ACE Panel by emailing pprclinical@ada.org or call the toll-free member number and dial Ext. 2767. ■

Clinically speaking: Julia Anglen, a researcher in the ADA Laboratories, conducts a test on fluoride content in a toothpaste.

Register for opioid webinar

BY KELLY SODERLUND

A Statewide Survey of Opioid Prescribing Patterns in Adult Dental Patients in West Virginia will be presented at 2 p.m. CST Feb. 20 by Michael O'Neil, Pharm.D., professor of pharmacy practice at South College in Knoxville, Tenn.

Dr. O'Neil will discuss his part in a comprehensive survey that looked at dentists' self-reporting of their prescribing habits and patterns. For more than 18 years, Dr. O'Neil has served as a consultant and expert on prescription drug abuse and diversion. He's worked with the Drug Enforcement Agency, West Virginia Bureau of Criminal Investigation and U.S. Attorney's Office, among other organizations.

The webinar is part of a sub-award the ADA received from the American Academy of Addictive Psychiatry from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment, which received a grant to create webinars and training on treating pain and opioid addiction.

The center is paying for the Prescriber's Clinical Support System for the Appropriate Use of Opioids in the Treatment of Pain and Opioid-related Addiction, which is a collaborative effort among a handful of medical associations that will provide training and education on the topic. Those who participate in the webinar are eligible to earn one hour of continuing education credit.

To register, contact Alison Siwek, manager of dentist health and wellness for the Council on Dental Practice, at siweka@ada.org or 1-312-440-2622. ■

—soderlundk@ada.org

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Standards Committee kicks off 2013 with new projects

The ADA Standards Committee on Dental Products has announced five new standards projects that establish requirements for safe and effective dental products and technologies through a consensus-based process.

Additionally, the Working Groups on Investments and Portable Dental Units also need volunteers to participate in their ongoing projects.

The working groups that develop ADA standards are a diverse group of expert volunteers representing dental practitioners, industry, government and academia. Professionals who would like to contribute their expertise anywhere from the initial planning phase through reviewing final drafts may volunteer.

The ADA has played a key role in the development of dental standards since 1928 and is an American National Standards Institute-accredited standards developer.

Here are the new projects:

• Proposed ANSI/ADA Standard No. 27 on Polymer-based Restorative Materials

This project, a modified adoption of ISO 4049:2009 Dentistry-Polymer-based Restorative Materials, will replace the current ADA Standard No. 27:1993 on Resin-Based Filling Materials. ISO 4049:2009 specifies requirements for dental polymer-based restorative materials supplied in a form suitable for mechanical mixing, hand-mixing, or intra-oral and extra-oral external energy activation, and intended for use primarily for the direct or indirect restoration of cavities in the teeth and for luting.

The polymer-based luting materials covered by ISO 4049:2009 are intended for use in the cementation or fixation of restorations and appliances such as inlays, onlays, veneers, crowns and bridges.

• Proposed ANSI/ADA Standard No. 47 Dental Units

A modified adoption of ISO 7494-1:2011 Dentistry—Dental Unit—Part 1: General Requirements and Test Methods and ISO 7494-2:2003 Dentistry—Dental Units—Part 2: Water and Air Supply, this will revise and replace the current ANSI/ADA Standard No. 47:2006 Dental Units. This standard will update the existing edition with consideration of changes recently published in the latest edition of ISO 7494-1 and other changes identified by the working group.

The scope of Standard No. 47 will include general requirements for dental units as well as specific requirements for the materials, design and construction of the water and air supply within dental units; it will also include provisions for the prevention of retraction of oral fluids into the water supply of the dental unit.

The standard will not address prevention, inhibition or removal of microbial contamination in dental unit waterlines, as an ISO standard on this topic is presently under development.

• Proposed ANSI/ADA Standard No. 119 Manual Toothbrushes

This project, a modified adoption of ISO 20126:2012 Dentistry—Manual Toothbrushes—General Requirements and Test Methods and ISO 22254:2005 Dentistry—Manual Toothbrushes—Resistance of Tufted Portion to Deflection, will revise and replace the current ANSI/ADA Standard No. 119:2008 Manual Toothbrushes. ANSI/ADA Standard No. 119:2008 is an identical adoption of ISO 20126:2005 and ISO 22254:2005. This revision will align the ANSI/ADA standard with the recently published ISO 20126:2012. The standard will describe requirements and test methods for the physical properties of manual toothbrushes in order to promote the safety of these products for their intended use. It will also specify a test method for determining the resistance of the tufted portion of manual toothbrushes to deflection.

• Proposed ANSI/ADA Standard No. 136 Products for External Tooth Bleaching

This will be an adoption of ISO 28399:2011 of the same name and specifies requirements and test methods for external tooth bleaching products. These products are intended for use in the oral cavity, either by professional application (in-office tooth bleaching products) or consumer application (professional or nonprofessional home use of tooth bleaching products) or both. It also specifies requirements for their packaging, labeling and instructions for use.

• Proposed Addendum to Standard No. 139:2012 Dental Base Polymers

This will detail a thermostability test specific to auto-polymerizing (self-initiating cure) type resins and will replace ANSI/ADA Standard No. 17 on Denture Base Temporary Relining Resins:1983 (R2006).

Volunteers who would like to join the working groups that review standards should contact Kathy Medic, manager, dental material standards, via the ADA toll-free number, Ext. 2533, or by email at medick@ada.org.

To learn more about standards, visit www.ada.org/dentalstandards. ■

New draft standards available for review, comment

The Council on Scientific Affairs and the Standards Committee on Dental Products have approved circulation of four draft standards for review and comment. They include the following:

• Proposed American National Standards Institute/ADA Standard No. 63 for Root Canal Barbed Broaches and Rasps specifies requirements and test methods for root canal instruments for hand use utilized in endodontic preparation. It will replace the current ANSI/ADA Standard No. 63:2006 of the same name.

• Proposed ANSI/ADA Standard No. 78 for Dental Obturating Cones is a modified adoption of ISO 6877:2006 Dentistry—Root Canal Obturating Points. It specifies the dimensions and requirements for prefabricated metallic or polymeric-based cones suitable for use in the obturation of a root canal system restoration. It also specifies numerical systems and color-coding systems for designating sizes. It will replace the current ANSI/ADA Standard No. 78:2006 of the same name.

• Proposed ANSI/ADA Standard No. 95 for Root Canal Enlargers is for root canal instruments used mechanically to access and enlarge canals. This document specifies requirements for size, product designation, safety considerations, marking, labeling and packaging. It will replace the current ANSI/ADA Standard No. 95:2003 (R2009) of the same name.

• Proposed ANSI/ADA Standard No. 130 for Dentifrices—Requirements, Test Methods and Marking is an identical adoption of ISO 11609:2010 of the same name. It specifies requirements for the physical and chemical properties of dentifrices and provides guidelines for suitable test methods. It also specifies requirements for the marking, labeling and packaging of dentifrices. This standard applies to dentifrices, including toothpastes, for consumer use on a daily basis with a toothbrush to promote oral hygiene.

Volunteers who would like to review and comment on draft standards should contact Kathy Medic, manager, dental material standards, via the ADA toll-free number, Ext. 2533, or by email at medick@ada.org.

To learn more about standards, visit www.ada.org/dentalstandards. ■

Having a centennial celebration?

The Journal of the American Dental Association is commemorating its centennial year in 2013 and wishes to acknowledge other organizations and companies celebrating their own milestones.

The Dec. 10, 2012, ADA News included a "call to industry" asking dental manufacturers, distributors and other dental organizations that turn 100 years old or older this year to let us know. Our intent is to develop and complete a listing of these companies and organizations to be honored in a future issue of the News.

So far, we have heard from Premier Dental Products, Dentsply International and the College of Dentistry, University of Illinois at Chicago.

If your company or organization is turning 100 or close to it in 2013, please let us know by contacting James Berry, associate publisher, at 1-312-440-2786; berryj@ada.org. ■

Smokeless/spit tobacco summit planned for August

Missoula, Mont.—The 7th National Smokeless and Spit Tobacco Summit is planned for Aug. 6-8 at the University of Montana, Missoula.

Hosted by the U of M College of Health Professions and Biomedical Sciences, the conference is dedicated to addressing the health and social issues attributed to smokeless and spit tobacco use.

The 2013 summit's theme is "Empowering Advocates for the Next Frontier in Smokeless Tobacco."

With more than 400 attendees, the summit is the only national conference dedicated to addressing the health and social issues attributed to smokeless and spit tobacco use. Public health practitioners, researchers, medical and dental care providers, American Indian Tribal leaders and youth leadership professionals are encouraged to attend.

For more information, log on to smokelesstobaccosummit.com. ■

Facing a challenge

State training program offers fluoridation tools and resources

BY STACIE CROZIER

Yorktown, N.Y.—When Yorktown, N.Y., faced a fluoridation challenge last month, Dr. Carl Tegtmeier was prepared, thanks to fluoridation spokesperson training he received in June 2012.

Dr. Tegtmeier was one of 19 dentists to participate in the New York State Oral Disease Prevention Program presented by the New York State Department of Health in Albany.

Fluoridated since the early 1980s, Yorktown, a Westchester county suburb of New York City, took its fluoridation equipment offline Jan. 2 for repairs. Town leaders decided to use the opportunity to hold an informational town meeting Jan. 22 to discuss the issue.

"The training gave me the tools and resources to work through a political process that required developing alliances within the community and assembling a team of dentists that could respond with information that was accurate," said Dr. Tegtmeier. "The town board fast tracked the whole process so we needed to put a team together on short notice. These individuals from the community helped us get our side of the story to the local online news media. They also rallied local residents to attend the information hearing and to send emails to town board members."

Dr. Tegtmeier worked with Alice Flanagan, executive director of the Ninth District Dental Association, to send a letter to the board members signed by 56 local dentists and pediatricians who support fluoridation. Team members who knew board members personally were able to help the team fine tune its efforts, sharing information that the board would be using emails as a gauge of support for fluoridation. The coalition also worked with Sherlita Amler, M.D., Westchester County commissioner of health; ADA Council on Access, Prevention and Interprofessional Relations staff; and Dr. Tom Curran of the New York State Oral Health Coalition.

"People familiar with the board were able to tell us the main concern was not so much the money of refurbishing the water treatment facility and cost of new equipment, but rather whether it was appropriate for them to 'force medication on the public without their approval,'" said Dr. Tegtmeier.

Armed with this information, the coalition was able to target its evidence-based answers gathered from a variety of resources, including the ADA Fluoridation Facts resource guide.

"First and foremost, I was given many resources—literature, Web sites and persons that I could contact with questions during the process."

"First and foremost, I was given many resources—literature, Web sites and persons that I could contact with questions during the process," he said. "I always felt that I could turn to my contacts at the ADA and at the NYSDOH for up-to-date scientific information and advice on how to handle any situation that might arise. It gave me great confidence in moving forward to meet the challenge we faced in our town."

After listening to two hours of testimony from both dentists and residents, the town board voted to continue fluoridating.

"The New York State Department of Health recognizes the important role dentists play in their communities," said Dr. Jay Kumar, director of NYSDOH Bureau of Dental Health. "One of our objectives in helping to promote community water fluoridation is to communicate evidence-based information to policymakers which they can relay at the community level. We trained Dr. Tegtmeier and 18 other dentists from around the state to communicate the science behind fluoridation. Yorktown is an example of the success our spokesperson training had in addressing the benefits and misinformation about risks related to water fluoridation."

The ADA Council on Access, Prevention and Interprofessional relations offers a variety of resources and training opportunities for dentists in communities working to initiate or retain fluoridation. For more details visit ADA.org/fluoride or contact Jane McGinley, CAPIR's manager of fluoridation and preventive health activities, by emailing mcginleyj@ada.org or calling toll free, Ext. 2862. ■

—croziers@ada.org

ADAF dental students' research conference set for April

In its ongoing efforts to support oral health research, the ADA Foundation is inviting deans at U.S. and Canadian dental schools to nominate students for its 49th Annual Dental Students' Conference on Research, set for April 21-23 in Gaithersburg and Bethesda, Md.

Student nominees should have demonstrated interest and ability in research. The email invitation the ADAF is sending to deans will outline the requirements and nomination procedure.

"The ADAF strongly supports today's dental students as they pursue tomorrow's scientific explorations," said Dr. David Whiston, ADAF president. "We expect their efforts in oral health research to yield significant benefits for the general public and future generations."

The conference takes place on the campuses of the National Institute of Standards and Technology in Gaithersburg and the National Institutes of Health in Bethesda. Student attendees network with scientists from the ADA, the ADAF Paffenbarger Research Center, NIST, the National Institute of Dental and Craniofacial Research and with other oral health industry leaders.

For more information about the DSCR, call the ADAF at 1-312-440-2547. ■

2012: Forty-one dental students attended last year's ADAF DSCR.

HVO launches oral health effort in Kenya; seeks volunteers

Washington—Health Volunteers Overseas seeks volunteers for its new oral surgery education program in Kikuyu, Kenya.

Partnering with the School of Dental Sciences at the University of Nairobi and the PCEA Kikuyu Mission Hospital, HVO volunteers will provide clinical and didactic training to 11 oral and maxillofacial surgery undergraduate students currently enrolled in the four-year master of science program at the School of Dental Sciences. Volunteers will also provide training to two community dental officers and the graduate oral and maxillofacial registrars, who will rotate through PCEA Kikuyu Mission Hospital.

Volunteers must be fully trained, board-certified oral and maxillofacial surgeons who hold a current license to practice. Assignments are for a minimum of two weeks.

The primary goal of HVO's new program is to increase the number of oral and maxillofacial surgeons available to Kenya's increasing population, and to improve the quality and availability of oral health care.

With a population of 39 million people, Kenya has only 22 oral and maxillofacial surgeons. This ratio of one oral maxillofacial surgeon to 1.77 million patients results in over-burdened surgeons and inadequate service availability.

The American Dental Association and the American Association of Oral and Maxillofacial Surgeons sponsor HVO's Oral Health Initiative Programs.

Health Volunteers Overseas is a private, nonprofit organization founded in 1986 to improve global health through the education of local health care providers. The organization has designed and implemented clinical and didactic education programs in child health, primary care, trauma and rehabilitation, essential surgical care, oral health, blood disorders and cancer, infectious disease, nursing education and wound management in more than 25 resource-poor countries. HVO volunteers train, mentor and provide critical professional support to health care providers who care for the neediest populations in the most difficult of circumstances. For more information, visit hvousa.org. For additional international volunteer opportunities visit the ADA International Volunteer Webpage, internationalvolunteer.ada.org, or call the ADA Division of Global Affairs, Ext. 2726. ■

Letters

Continued from Page 5

the charge from the final consumer.

We are being led to a more European Union model so you could expect it to go as high as 19 percent like in France. They are always just temporary taxes. Like when they first came out with sales tax at 1 percent; now it's nearly 10 percent.

Realize that while some of your suppliers have said that they will not pass this cost on to you, they will have to do so at a later time when your mind is not on this subject of the tax.

But, in the long term they can do nothing else but raise the price as this cuts into their bottom line. No one can fault your suppliers for that as that is just the reality of a free market. They are free to charge enough to make a profit. No organizations stand in their way to dictate what they can charge.

But what of the dental profession? Are we really in a free marketplace? If we are free then the cost can be summarily taken care of by a fee increase. However, that is not the case for dentistry (although some geographic areas are freer than others). Most of dentistry has been impacted by the dental insurance market. That is, most have PPO contracts that stipulate the fee of each procedure. There is no latitude to increase fees when costs go up. So if the government decides this tax should be 23 percent instead of 2.3 percent, you still have to eat your costs. Contemplate for a moment this jury-rigged marketplace. You sign a contract that reduces your fees 30-45 percent. Your patients like to pay with credit cards that you pay 1-3 percent for utilizing. Now you pay the extra tax. When will it end? Never, is what insurance hopes for.

Soon we will have to face up to this insurance debacle. Your patients love their insurance. You love keeping your patients.

The patient's employer is happy. The insurance company is happy. Some, but some like Delta just reduced their contract fees. So when do you get your reward? "Doctor, you should be happy just practicing," is what I hear from the powers that be, after all the times are hard. This is all said while their employees get raises and their CEOs get raises and bonuses. You on the other hand have to eat it.

We cannot control the marketplace. Then when we get a value-added tax of 12 percent, you can roll with it. Otherwise you are owned by other entities.

So if you want to pay the price continue as you are. Otherwise realize that your value should be set by you and not a remote entity.

Leo Weinstein, D.D.S.
Camarillo, Calif.

Read the law

The medical device tax, along with more than a dozen other revenue raisers was well-documented nearly three years ago in the underlying legislation. Once the unified bill was signed into law by President Obama in March 2010, it was clear that our dental practices would be highly impacted in many ways other than simply higher taxes.

But as happens all too often, most practicing health care professionals were too busy running practices and remained unaware of the more than modest impact it would have on our practices. I don't blame anyone for feeling overwhelmed by the idea of perusing a 2,500-plus-page document; but in the end, its statutes and regulations will determine how we deliver and receive health care.

Whether or not individual dentists support the new law, the harried and hostile manner in which it is being implemented is creating all sorts of upheavals for our physician colleagues, and in the end, for us. The egregiously short regulatory timeline has created extremely high hurdles for organizations such as the ADA to help create a better law in the long term. The medical device tax is just one example.

The idea that such an onerous tax (the MDT starts with the first dollar of sales; not on profits after repayment of initial development costs) along with other revenue raisers such as increased payroll taxes and a Medicare surtax, would not impact dental practices was naïve at best; hostile and destructive at worst.

This new law will permeate almost every nook and cranny of our lives. Disregard its existence at your own risk. Read the law, listen to those who have already done so and do the best you can to protect your practice, your rights as a patient and your family's quality of health care.

Joel L. Strom, D.D.S., M.S.
Fellow, Unruh Institute of Politics
University of Southern California
Los Angeles

New exec for Oregon Dental Association

Wilsonville, Ore.—The Oregon Dental Association announced the appointment of Donald W. Bretthauer, CAE, as ODA's new executive director. He began his duties Jan. 21.

Mr. Bretthauer's experience includes tenures with the Golf Course Superintendents Association of America and the International Association of Administrative Professionals.

He replaces retiring ODA Executive Director Bill Zepp, who will continue as a special projects consultant through June. ■

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New ethics hotline offered as a member benefit

Those confronted with questions encouraged to call

BY JEAN WILLIAMS

A collaboration of an ADA council, committee and staff has yielded a new member benefit: an ethics hotline.

The Council on Ethics, Bylaws and Judicial Affairs, with help from the New Dentist Committee and the ADA Member Service Center, planned to launch the new hotline Feb. 1 at press time.

According to Thomas Elliott, ADA deputy general counsel and CEBJA director, members who are confronted with ethical questions can call the new hotline, provide some information about the issues, and receive a callback from a CEBJA member to discuss the application of the ADA Principles of Ethics and Code of Professional Conduct to the situations in which they are involved.

"This is an opportunity to reach out to experts in the ADA and get some advice," said Dr. Chris Salierno, chair of the New Dentist Committee and current ex officio member of CEBJA. "Legal advice won't be given. The idea is to provide members a chance to just get some direction on what the next steps are so they can sort their way out of what may be perplexing ethical dilemmas."

Dr. Kevin Henner, CEBJA chair, said that the ethics hotline is to be staffed by 12 CEBJA volunteers on a rotating basis with the goal being that a caller gets a response as quickly as possible.

Dr. Henner

"The idea is that this is going to have a very rapid turnaround time because sometimes an ethical dilemma needs to be reacted to very quickly," Dr. Henner said. "The goal is that the caller will get a response within two to three days, unless a quicker response is specified by the caller. If the caller says, 'I need to know tomorrow,' then the volunteers and staff will do everything in their power to make that happen."

Dr. Rex Yanase was spending a year's term on CEBJA, a rotation served by members of the New Dentist Committee, when the idea for the hotline was conceived. "I definitely think that it's going to be a tremendous membership benefit, especially for new dentists," Dr. Yanase said.

Dr. Salierno

"Typically, new dentists come out and we're associates. We don't typically own our practices right out of dental school. So I think just to have this avenue to be able to call and get some ethical advice or direction is going to be a tremendous opportunity and great value."

Dr. Yanase said that, though initially the ethics hotline is targeting new dentists, the intention is to expand it to a member benefit for all ADA members.

"The thought was to start with the new dentists, and to specifically target and promote and advertise to new dentists in collaboration with CEBJA and the NDC, and then from there grow it to everybody," he said. "But every ADA member will be able to participate and enjoy this benefit."

Dentists who use the ethics hotline will need to provide their ADA member number, but details of their cases will be kept in strict confidence, Dr. Henner said. The data regarding ethics dilemmas presented through the hotline eventually may aid the ADA in identifying newly emerging ethical concerns.

"It'll be really interesting to get some data back and find out what are the common, real-life, in-the-trenches dilemmas that dentists are facing," Dr. Salierno said.

"If CEBJA starts to see some trends, it can respond accordingly. CEBJA can refine the ADA Code to be clearer if needed or generate more literature and materials for dentists if trends in a certain direction are detected."

Members may access the new member service by calling the ADA toll-free number and stating that they have a question for the ethics hotline. ■

—williamsj@ada.org

Medical Musical group plans trip to Spain

Medical professionals and students, and their families and friends who sing or play a musical instrument and enjoy travel, can join the Medical Musical Group Symphony Orchestra and Chorale.

According to its website, MMG's mission is to perform "music with a message"—a message of healing, hope, inspiration, national unity, patriotism and international brotherhood and sisterhood.

MMG National 2013 concerts include performances in Baltimore in June; and Bowling Green, Ky., and Barcelona, Spain, in November.

To see the group in action, visit YouTube.com and search for Medical Musical Group. For more information or to join, call 1-202-797-0700, visit medicalmusical.org or email vanmmg@hotmail.com. ■

2012 Student Ethics Video Contest winners

BY JEAN WILLIAMS

Stony Brook, N.Y.—They say the third time's the charm, so who knows what fortune may befall the dental students who won the Council on Ethics, Bylaws and Judicial Affairs' 2012 Student Ethics Video Contest.

A second-year group of students at the Stony Brook School of Dental Medicine in New York submitted the winning film, "The Unprofessional 2." They didn't win the ADA contest the first time they tried as first-year dental students with their previous entry, "The Unprofessional."

But that didn't put a crimp in their ambition to try and try again.

"We didn't place, but we had a great time doing it," said Alex Sadak, who originated the first entry with pal, Ali Mehrabian. "We were very motivated to continue, and we applied for it the next year."

"The first movie sparked us to get involved in different things," Mr. Sadak said. "After the dean of admissions saw it, she wanted us to make a video for the admissions department to show incoming students. That was after the first one, 'The Unprofessional 1.' It sparked a lot of excitement in the school."

To make a run for the prize a second time, the students hit the ground running, recruiting additional students, conferring with professors, scouting locations, upgrading equipment and even making sure their team scored its own soundtrack music. They were relentless.

See winning videos at www.ada.org/4064.aspx.

"After we found out that we lost the first contest, in our second year we were taking ethics classes and classes in professionalism," said Mr. Mehrabian. "Every time the professor brought up a specific scenario, we wrote it down if we liked it. We kind of used that as a rough draft of what we wanted to do for the script throughout the year before we filmed."

Joined by three other primary dental student filmmakers—Ivan Lukachynets, Vince Badali and Emily Kim—they hit paydirt with "The Unprofessional 2," for which CEBJA awarded the filmmakers the $2,000 grand prize.

Now in their third year of dental school, they are already looking ahead to filming "The Unprofessional 3." A trilogy on ethics certainly would please dental school brass, said Mr. Sadak.

"Many faculty and staff helped us by letting us use their facilities," he said. "We're excited to make a sequel to 'The Unprofessional 2.' We had a great time with the second one. I think the school will expect a continuation."

The goal of the contest is to create greater awareness of ethical dilemmas dental students and professionals encounter and provide a forum for dental students to consider how those dilemmas should be addressed using the ADA Principles of Ethics and Code of Professional Conduct.

"The Unprofessional 2" focuses on ADA Codes and Advisory Opinions 2.G-Personal Relationships, 5.A.1-Dental Amalgam, 3.F-Professional Demeanor, 5.F-Advertising and 5.B.6-Unnecessary Services.

The honorable mention winner is Peter Dinh of Virginia Commonwealth University School of Dentistry. For his video "The Spirit of Dentistry," Mr. Dinh received a $1,000 cash prize. His video illustrates three of the five ADA Code Principles: Nonmaleficence, Beneficence and Veracity.

Of the grand prize winning film, Mr. Sadak and Mr. Mehrabian said the levity the film reflects was in better balance with the serious nature of ethics than in their first attempt.

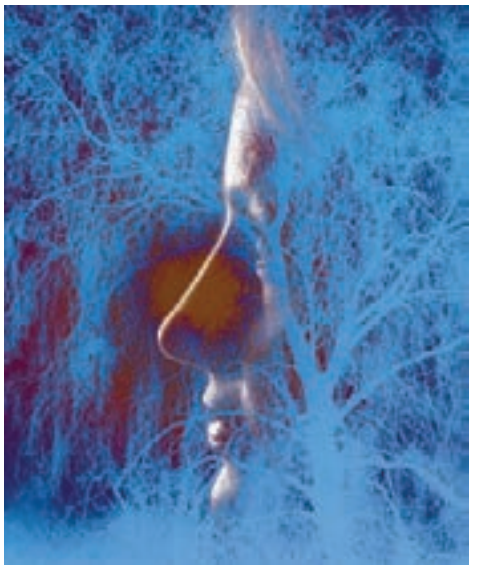
See CONTEST, Page 28

Winners' circle: Pictured (from the back right) are Yu Kato, Vince Badali, Ali Mehrabian; (middle row from the right) Agnes Seong, Keren Etzion, Emily Kim, Lauren Jain, Alex Sadak; and (front row from the right) Dr. Allan Kucine, Ivan Lukachynets and Christina Makram. Not in picture: Dmytro Zhurakovskyy, Dr. Jeff Seiver and Dr. Anas Al Najjar.

YOUR HEALTH

Beating the winter blues

Tips for dealing with seasonal affective disorder



As the days get shorter, many people find themselves feeling sad.

You might feel blue around the winter holidays or get into a slump after the fun and festivities have ended.

Some people have more serious mood changes year after year, lasting throughout the fall and winter when there's less natural sunlight.

What is it about the darkening days that can leave us down in the dumps? And what can we do about it?

NIH-funded researchers have been studying the "winter blues" and a more severe type of depression called seasonal affective disorder for more than three decades. They've learned about possible causes and found treatments that seem to help most people. Still, much remains unknown about these winter-related shifts in mood.

"Winter blues is a general term, not a medical diagnosis. It's fairly common, and it's more mild than serious. It usually clears up on its own in a fairly short amount of time," says Matthew Rudorfer, M.D., a mental health expert at NIH. The so-called winter blues are often linked to something specific, such as stressful holidays or reminders of absent loved ones.

"Seasonal affective disorder, though, is different. It's a well-defined clinical diagnosis that's related to the shortening of daylight hours," Dr. Rudorfer said. "It interferes with daily functioning over a significant period of time."

A key feature of SAD is that it follows a regular pattern. It appears each year as the seasons change, and it goes away several months later, usually during spring and summer.

SAD is more common in northern than in southern parts of the United States, where winter days last longer.

"In Florida only about 1 percent of the population is likely to suffer from SAD. But in the northernmost parts of the U.S, about 10 percent of people in Alaska may be affected," Dr. Rudorfer said.

As with other forms of depression, SAD can lead to a gloomy outlook and make people feel hopeless, worthless and irritable. They may lose interest in activities they used to enjoy, such as hobbies and spending time with friends.

"Some people say that SAD can look like a kind of hibernation," Dr. Rudorfer said. "People with SAD tend to be withdrawn, have low energy, oversleep and put on weight. They might crave carbohydrates," such as cakes, candies and cookies. Without treatment, these symptoms generally last until the days start getting longer.

Shorter days seem to be a main trigger for SAD. Reduced sunlight in fall and winter can disrupt your body's internal clock, or circadian rhythm.

This 24-hour "master clock" responds to cues in your surroundings, especially light and darkness. During the day, your brain sends signals to other parts of the body to help keep you awake and ready for action.

At night, a tiny gland in the brain produces a chemical called melatonin, which helps you sleep. Shortened daylight hours in winter can alter this natural rhythm and lead to SAD in certain people.

NIH researchers first recognized the link between light and seasonal depression back in the early 1980s. These scientists pioneered the use of light therapy, which has since become a standard treatment for SAD. "Light therapy is meant to replace the missing daylight hours with an artificial substitute," Dr. Rudorfer said.

In light therapy, patients generally sit in front of a light box every morning for 30 minutes or more, depending on the doctor's recommendation. The box shines light much brighter than ordinary indoor lighting.

Studies have shown that light therapy relieves SAD symptoms for as much as 70 percent of patients after a few weeks of treatment. Some improvement can be detected even sooner. "Our research has found that patients report an improvement in depression scores after even the first administration of light," says Teodor Postolache, M.D., who treats anxiety and mood disorders at the University of Maryland School of Medicine. "Still, a sizable proportion of patients improve but do not fully respond to light treatment alone."

Once started, light therapy should continue every day well into spring. "Sitting 30 minutes or more in front of a light box every day can put a strain on some schedules," Dr. Postolache said.

So some people tend to stop using the light boxes after a while. Other options have been tested, such as light-emitting visors that allow patients to move around during therapy. "But results with visors for treating SAD haven't been as promising as hoped," Dr. Postolache said.

Light therapy is usually considered a first line treatment for SAD, but it doesn't work for everyone. Studies show that certain antidepressant drugs can be effective in many cases of SAD. The antidepressant bupropion (Wellbutrin) has been approved by the U.S. Food and Drug Administration for treating SAD and for preventing winter depression. Doctors sometimes prescribe other antidepressants as well.

Growing evidence suggests that cognitive behavioral therapy—a type of talk therapy—can also help patients who have SAD. "For the 'cognitive' part of CBT, we work with patients to identify negative self-defeating thoughts they have," says Kelly Rohan, Ph.D., a SAD specialist at the University of Vermont. "We try to look objectively at the thought and then reframe it into something that's more accurate, less negative, and maybe even a little more positive. The 'behavioral' part of CBT tries to teach people new behaviors to engage in when they're feeling depressed, to help them feel better."

Behavioral changes might include having lunch with friends, going out for a walk or volunteering in the community. "We try to identify activities that are engaging and pleasurable, and we work with patients to try to schedule them into their daily routine," Dr. Rohan said.

A preliminary study by Dr. Rohan and colleagues compared CBT to light therapy. Both were found effective at relieving SAD symptoms over six weeks in the winter. "We also found that people treated with CBT have less depression and less return of SAD the following winter compared to people who were treated with light therapy," Dr. Rohan said. A larger NIH-funded study is now under way to compare CBT to light therapy over two years

See BLUES, Page 26

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1. Study methodology described in: van der Meer WJ, et. al. (2012). Application of Intra-Oral Dental Scanners in the Digital Workflow of Implantology. PLoS ONE 7(8):e43312. doi:10.1371/journal.pone.0043312.
Additional measurements conducted by ACTA (Academic Center for Dentistry Amsterdam); Wicher J. van der Meer, et. al. (2012). Publication pending.

New Jersey dentists lose office, gain hope after hurricane

BY KAREN FOX

Sea Bright, N.J.—Battered by a storm that wiped out the dental office he shared with his wife, Dr. Michele Brucker, Dr. Kevin Collier has every intention of turning his experience into something good.

In December, Dr. Collier and Dr. Brucker stood among the water-soaked remains of their office in this New Jersey borough of Monmouth County, located southwest of Long Island, N.Y. For more than a month after Hurricane Sandy deposited a storm surge and at least four feet of sand on the town, Sea Bright remained under a state of emergency. Without electricity, they spent their limited number of daytime hours sifting through what was left of their 27-year-old, five-operatory dental practice.

The day after the hurricane (Oct. 30, 2012) they walked into town because the roads were impassable. From the outside, it didn't look too bad. Dr. Collier told his wife, "I think we're going to be OK." When they opened the door, it was devastating. "We noticed a line on the walls four feet from the floor. This was the high water line. Every surface was coated with sludge. We opened drawers of files and supplies that were still filled with filth and water."

Destruction from Hurricane Sandy hit the New Jersey shore counties like Monmouth the worst, accounting for 10 of the storm's 40 fatalities. In Sea Bright (population 2,000), the storm surge shattered the town's business district. To date, 90 percent of the town's businesses are closed. Fifty-six properties are condemned.

"Sea Bright is a coastal community that sees a higher population during the summer months but has grown quite a bit over the last 20 years," said Dr. Collier. "It's a little slip of land between the Atlantic Ocean to the east and the Navesink River to the west. Our office is about 100 yards from the river and 200 yards from the ocean. When the storm hit, waves were breaking from ocean to river."

Recovery team: Dr. Michele Brucker and Dr. Kevin Collier have spent the past three months treating patients in the offices of colleagues. Their office remains under reconstruction.

A 1992 storm caused only minor water damage but that was enough to compel them to move everything in their office three feet off the floor. Sandy delivered four feet of water.

"We had Hurricane Irene last year, and as much as they touted it as a huge storm, it kind of limped through here. We had no flood water in the office. I think it gave us a false sense of security," he said. "Everything that we put up three feet had floated, tipped over and was contaminated with class III water, which has all the contaminants in it: benzene, gasoline and diesel fuel, human waste. It was all coating this beautiful office that we had completely renovated in 2007."

Dr. Collier said the borough Police Chief John Sorrentino let them into their office a day after Sandy.

"He said, 'I'll drop you off; get as much as you can,' so we grabbed boxes of charts and drawers from cabinets. They were soaked with everything you can imagine. The top layers were getting wet, too, because the charts underneath were wicking water. Everything was contaminated but we had to save what we could."

Post-Sandy: Drs. Brucker and Collier faced this scene when they were allowed back into their office.

The results were discouraging. Some charts could be saved, radiographs could not, and much of the equipment purchased in 2007 was unusable.

"The new chairs were gone. There was water up to the cushions. We could pay for reupholstery and new mechanicals, but we'd be within $1,000 of a new chair. Plus, we would have been trying to rehabilitate something with no guarantee of it working."

There was so much destruction in the immediate area that making contact with patients was difficult. Many patients were in the middle of necessary treatment and reaching them became a priority.

"So many were displaced from their homes by the hurricane. We composed a letter and conveyed our sympathy and explained that we would be working out of two offices on a limited schedule to serve their needs, especially for emergency care," Dr. Collier said. They followed that with an automated voicemail message to let patients know they would be there. "Many responded to the messages. They were very appreciative."

Rebuilding is still in progress, but the experience is making the dentists rethink their future, including the way they practice dentistry.

"There is a lot to be said about the human spirit and the will to survive and move on. I would love for someone else to learn from my mistakes," said Dr. Collier. "We need to do things in smarter ways. We are professionals, we are health care providers, but we also need to be smart business people. We have to think about ways to preserve our businesses. It's been a hard lesson for us."

The last thing that Dr. Collier did before evacuating the office was to set the main computer system's server atop a fireplace mantle. Being able to keep it safe from harm has now made digitizing patient records an imperative. They're working with a company to freeze-dry salvaged records and gamma irradiate them to make them usable again.

"Digitizing and off-site storage of information is something everyone should think about. It's something we should have done long ago," he said.

What has been a boost to their spirits is the outpouring of support from so many in the dental community. Arthur Meisel, executive director of the New Jersey Dental Association, has been in frequent contact and offered guidance on legal issues. The American Academy of Implant Dentistry has reached out to offer assistance. Dr. Richard Mercurio of Lincroft, N.J., and Dr. Carlos Meulener of Little Silver, N.J., with whom Dr. Collier has taken continuing education courses, have opened their offices for Drs. Brucker and Collier to use. Larry Cohen of Benco Dental, the dental supply company, who had been through a similar natural disaster years earlier in Pennsylvania, made the Colliers a priority. Classmates from the University of Medicine and Dentistry of

See HURRICANE, Page 29

Wells Fargo donates in support of dental practices affected by Hurricane Sandy

Wells Fargo Practice Finance, the only practice finance company endorsed by ADA Business Resources, has donated $20,000 in disaster relief funds to the ADA Foundation to support dental practices impacted by Hurricane Sandy, the company announced in January.

In addition, Wells Fargo is also providing an extension of loan terms or debt restructuring on a case-by-case basis for affected practices.

"Wells Fargo has a longstanding history of supporting communities in their time of need," said Allison Farey, president, Wells Fargo Practice Finance. "We are proud to be a part of that tradition, and our commitment has always been to help meet the needs of our doctors so they can focus on providing the best possible patient care.

"We have a number of processes in place to provide support to both customers and prospective customers who are located in the storm-affected states," Ms. Farey continued. "Each doctor is handled on a case-by-case basis, and such support might include the extension of loan terms or restructuring borrower's debt obligations. We believe these measures can help borrowers recover their financial strength and get back to enjoying the successes they had in their practices before the disaster hit."

Gene Wurth of the ADA Foundation expressed gratitude for the $20,000 donation. "The ADA Foundation works to provide support to dentists affected by disasters, and we are very grateful for Wells Fargo Practice Finance's partnership and ongoing support of our emergency assistance programs," said Mr. Wurth.

Wells Fargo Practice Finance representatives have been working alongside organizations such as Federal Emergency Management Agency, the Small Business Administration, and other New York State and New York City emergency agencies to offer support to affected practices. In addition, Wells Fargo participated in the disaster relief seminar and panel at the Greater New York Dental Meeting in November 2012.

ADA members who are existing Wells Fargo Practice Finance customers can contact Client Services at 1-800-628-7816. In addition to accepting inbound calls, representatives are currently making calls to dentists located in the disaster areas to offer assistance. Wells Fargo Practice Finance is also offering complimentary practice management consultations to doctors in affected areas. Doctors may request a complimentary consultation by contacting Client Practice Services at 1-800-326-0376 or consulting@wellsfargo.com.

For more information about special member rates, customized financing solutions and complimentary business planning tools, visit wellsfargo.com/dentists or call 1-888-937-2321. ■

ADA Foundation Disaster Assistance Grants donations

The ADA Foundation is still accepting donations to help dentists affected by Hurricane Sandy.

The ADAF has received 125 applications for its Disaster Assistance Grants of up to $5,000. Many of those affected by the disaster are just beginning to put the pieces back together.

There are four ways to donate:

- Online at ADA.org/4572.aspx.
- By phone and credit card: call the ADA Foundation at 1-312-440-2547 (Monday-Friday, 8:30 a.m. to 5 p.m. Central Time).
- By fax or mail and credit card: download the ADA Foundation Donation Form and mail (address below) or fax it to 1-312-440-3526.
- Mail a check payable to the ADA Foundation to: ADA Foundation, 211 E. Chicago Ave., Suite 2100, Chicago, IL 60611. Note "Disaster Assistance Fund" in the memo field of the check.

The ADAF is grateful to all—individuals, state societies, corporations—that make contributions to help meet this need. Funds raised will first be used to provide grants to qualified applicants affected by Hurricane Sandy. Funds not expended for such purpose will be held for future disaster relief. ■

Lions and tigers and bears

Dentist's hobby is treating exotic animals

Photos by Josh Shagam

All in a day's work: Dr. Edward Shagam poses with Bengali at the Popcorn Park Zoo Animal Rescue and Sanctuary in Forked River, N.J.

BY KELLY SODERLUND

Medford, N.J.—Zoo America had some bullies in its midst.

Zookeepers at the Hershey, Pa., zoo noticed two wolves picking on another wolf, attacking him with their sharp, canine teeth. The third wolf kept hiding; scared of the aggressive tormenters that kept coming after him.

Word of the attacks made its way to the curator of the zoo, who knew just the right person to call: Dr. Edward Shagam. The Medford, N.J.-based orthodontist has been a zoological dental consultant since 1979 and had a theory for why the two wolves were ganging up on the third.

Dr. Shagam and the veterinarian he was working with hypothesized that if they cut down the wolves' canine teeth, their aggression would diminish. Ten hours and 12 root canals later, they found out they were right.

"We saved a life that day," Dr. Shagam said.

Dr. Shagam, 64, travels around the country as a dental consultant for zoos and other facilities that house exotic and endangered animals. He even consults for zoos and veterinarians in other countries, often diagnosing the animals from his home by viewing films sent to him through the mail or digital X-rays on his computer. Dr. Shagam will then help the foreign zoos, which often can't afford to fly him out, find someone in their country who can treat the animal.

Dr. Shagam got his start treating a famous animal of sorts: the tiger that played the Exxon Tiger in advertisements. The tiger had a broken tooth, which Dr. Shagam said he was able to examine by feeding the animal a bottle while lifting his lip to see inside his mouth.

He's treated animals at the Bronx Zoo, Zoo Miami, the San Diego Zoo and Lincoln Park Zoo in Chicago, among many others. Name an animal and Dr. Shagam has probably come in contact with it and has an anecdote to share about his experience.

Seals?

"You have to crawl across the floor because they're so skittish," Dr. Shagam said. "One time a seal kissed me on the forehead. Then I had fish scales all over my forehead."

Elephants?

"They're difficult to anesthetize so they have to be treated while they're awake," Dr. Shagam said. "You have to depend on the zookeeper to make sure the elephant keeps its mouth open when you're working on the oral cavity. I also work on their tusks, which are teeth that grow into their head. When you see an 8,000 pound animal in front of you, it's a little overwhelming."

Lion's share: Dr. Shagam treats a lion named Jazz at the Popcorn Park Zoo, which is part of the New Jersey Humane Society.

Bears?

"Bears can be touchy. They play possum so when you anesthetize them, they'll act like they're out so you have to push them around to make sure," Dr. Shagam said.

The list goes on.

"I don't consider it dangerous anymore," Dr. Shagam said. "I really have a great deal of respect for these animals."

Working with animals is a hobby of Dr. Shagam's and one he doesn't charge a fee for. He enjoys working with other medical and animal professionals and brainstorming why the animals are acting a certain way.

"It's a nice network," Dr. Shagam said. "It's different than dentistry because you don't have the loneliness. If you're in a solo practice, you have nobody to bounce ideas off of. I can talk with the vets and the zookeepers, and we can throw ideas back and forth. It's a lot less lonely."

He's also picked up some tips on how to deal with some of his younger dental patients who can't express why their teeth feel the way they do.

"Animals can't talk and you can only go by their symptoms and their behaviors. Their behaviors are absolutely incredible," Dr. Shagam said. "As corny as it sounds, you have to

See ANIMALS, Page 25

Financial help on the way for Florida dental students

Dental school receives $2.5 million grant to provide assistance to disadvantaged

BY KAREN FOX

Gainesville, Fla.—Disadvantaged dental students at the University of Florida are getting a boost thanks to a federal grant.

The Health Resources and Services Administration awarded the UF College of Dentistry a four-year, $2.5 million grant to help provide financial assistance through HRSA's Scholarships for Disadvantaged Students program.

"Sometimes [students] must make economic decisions for loan repayment rather than practicing in an underserved area where they might receive less income."

UF will receive $645,000 for the current academic year with recommended future support of $645,000 per year for the next three years—totaling more than $2.5 million over four years.

"We were awarded exactly the amount that we requested," said Dr. Pamela Sandow, the dental school's assistant dean for admissions and financial aid. "The grant application indicated that the award would be around $495,000 annually, but we received $645,000, so it's a huge accomplishment for our college to receive this money for our students."

The grant funds enable UF to provide individual $15,000 scholarships to 43 students.

Awards will be based on the guidelines HRSA has established, and students will be evaluated on a yearly basis.

HRSA's award helps the College of Dentistry recruit and retain qualified students from disadvantaged backgrounds, which not only will improve access to health professions education but also will help foster a diversified workforce, Dr. Sandow said.

She also hopes the grant reduces student debt so that scholarship recipients find it easier to practice in underserved areas.

"Sometimes [students] must make economic decisions for loan repayment rather than practicing in an underserved area where they might receive less income," Dr. Sandow said.

"If they have less debt, hopefully they will tend to gravitate toward areas where there is an underserved population, where there are fewer dentists to take care of people who need dental work."

Eligible students will receive their awards in the spring.

For information on eligibility, visit www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html. ■

—foxk@ada.org

Animals

Continued from Page 24

listen to them and watch them and know all of their habits. Their behaviors basically give it away. It's a fascinating experience."

Adding to his resume, Dr. Shagam also trains police dogs for search and recovery missions and said he was the first road manager for the band Sha Na Na. He has no plans to retire and hopes to continue a long career of caring for the teeth and gums of both humans and animals.

"It's not really work," Dr. Shagam said. "I do it because I love it." ■

—soderlundk@ada.org

Family assistance: Dr. Shagam treats Sasha, a white tiger, while his wife, Vicki, assists.

ANNUAL SESSION

Combine business with family fun in New Orleans

NOCVB photo by Jeff Anding

Take a ride on history: A vintage New Orleans streetcar is framed with oak trees.

New Orleans—This year's ADA Annual Session Oct. 31-Nov. 3 offers a unique opportunity for dental families to combine professional development and family fun.

Outside the Ernest N. Morial Convention Center, a variety of family-friendly attractions and activities await, including:

• taking a cruise on New Orleans' historic steamboat Natchez (steamboatnatchez.com);

• hopping a ride on one of the city's vintage streetcars, including the St. Charles line, the world's oldest continuously operating street railway which passes by famous New Orleans areas like Audubon Park and the Garden District;

• planning a visit to Audubon Nature Institute, home to a zoo, aquarium, insectarium, park, golf course, café and more, offering a variety of opportunities for children to celebrate the wonders of nature (audubooninstitute.org);

• enjoying an educational trip to one of New Orleans's many museums, historic homes and nearby plantations (neworleanscvb.com);

• heading to an adventure in New Orleans City Park, a 1,300-acre green that includes moss-covered oak trees, lagoons, walking trails, a botanical garden, an amusement park and the Storyland playground. The park offers ample opportunities for boat rides, birding, fishing, biking and more (neworleanscitypark.com).

New Orleans

American Dental Association

ANNUAL SESSION

OCTOBER 31 – NOVEMBER 3, 2013

The 2013 Annual Session website, ADA.org/session, is now live. Visit the website for more information on registration, links to New Orleans tourist information and much more. General registration will open online in early May.

New this year, those who attended the 2012 Annual Session in San Francisco will be able to register and secure housing two weeks before general registration opens, giving them first access to housing and continuing education courses.

If you attended the 2012 Annual Session, watch for an email with instructions on how to take advantage of this special offer. The email will be sent to the email address used to register for Annual Session. ■

Blues

Continued from Page 20

of follow up.

If you're feeling blue this winter, and if the feelings last for several weeks, talk to a health care provider. "It's true that SAD goes away on its own, but that could take five months or more. Five months of every year is a long time to be impaired and suffering," Dr. Rudorfer said. "SAD is generally quite treatable, and the treatment options keep increasing and improving." ■

—Source: National Institutes of Health

Code Maintenance Committee offers public opportunity for input

Discussion point: Dr. Norman Nagel, representing the American Association of Orthodontists, makes a point at the February 2012 Code Maintenance Committee. At right is Dr. Ronald Hunt, representing the American Dental Education Association.

BY KELLY SODERLUND

The Code Maintenance Committee is offering dentists, third-party payers, dental specialty organizations or any other member of the public the chance to share their passion on changes to the CDT Code.

The CMC is holding a three-day meeting Feb. 28-March 2 at ADA Headquarters to review 90 change requests. The first day will be an open session for public discussion and comment on the requests, a mix of additions, revisions and deletions to the Code on Dental Procedures and Nomenclature.

On March 1-2, CMC members will review and discuss the comments and change requests and vote to accept or decline each one. Observers are welcome to these proceedings.

"Dentists use the CDT every day in their practices," said Dr. Jim Richeson, CMC chair. "It's an aspect of dental practice that everyone should be familiar with and have a stake in. The CMC recognizes that and wants to give dentists and others who work with the Code the opportunity to weigh in on how it's crafted."

Change requests can come from anyone but they typically come from individual dentists, dental specialty organizations, the ADA and third-party payers. To view a list of the requests and other information on the CMC, visit www.ada.org/3827.aspx.

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

The CMC was originally named the Code Advisory Committee until the Council on Dental Benefit Programs changed its name last year to recognize that the CMC is a decision-making body. The CMC's work supports annual CDT Code review and revision.

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

CDT 2013: Dental Procedure Codes (J933) is available through the ADA Catalog. It offers 35 new, 37 revised and 12 deleted dental procedure codes and seven changes to subcategories and their descriptors. It also includes a searchable CD-ROM to find the most frequently used dental codes faster.

It's $39.95 for members and $59.95 for nonmembers. The CDT 2013 e-Book (J933D-epub format) is $29.95 for members and $44.95 for nonmembers. Visit adacatalog.org or call 1-800-947-4746 to purchase.

There is also a new 2013 CDT Code Check app for iPhones and iPads and Android-powered mobile phones and tablets. It's available for $19.99 in the Apple iTunes Store and Google Play. ■

—soderlundk@ada.org

Photo by Steve Horne

Leaders: ADA President-elect Charles Norman and volunteer leaders from 47 constituent societies, the American Student Dental Association, the Hispanic Dental Association and the National Dental Association gather for a photo Jan. 29 at ADA Headquarters during the annual President-Elect's Conference. (Watch for coverage of the conference in the Feb. 18 ADA News.) Presidents-elect are, from left, Row 1: Drs. Julius Manz, New Mexico; Joel Friedman, New York; David Minahan, Washington state; Puneet Kochhar, New Hampshire; Charles Norman, ADA president-elect, North Carolina; Michael Perpich, Minnesota; Paul Casamassimo, Ohio; James Bekker, Utah; and George Shepley, Maryland. Row 2: Drs. T. Delton Moore, Mississippi; Paul Christian, Delaware; David Duncan, Texas; Stephanie Weaver, Louisiana; Demitroula Kouzounas, Maine; Mary Mariani, Iowa; Judd Larson, Oregon; Gregory Pafford, Arizona; Scott Wieting, Nebraska; Stephen Rose, Nevada; Michael Wasserman, Massachusetts; Garth Bobrowski, Kentucky; Calvin Utke, Colorado; and Robert Giantomas, New Jersey. Row 3: Drs. Alison Riddle Fletcher, NDA, Maryland; Merle Nunemaker, Missouri; Paula Russo, District of Columbia; Jeffery Jarrell, West Virginia; Brian Soltys, Illinois; Brian Hokanson, Wyoming; Marian Royer, Rhode Island; David McLean, Vermont; C. Scott Davenport, North Carolina; Murray Greer, North Dakota; Timothy Fagan, Oklahoma; William Moorhead, Kentucky; Larry Browder, Alabama: and Lili Horton, Hawaii. Row 4: Drs. James Stephens, California; Marshall Mann, Georgia; Terry Buckenheimer, Florida; Michael Veseth, Montana; and Charles Felts, Tennessee; Benjamin Youel, ASDA, Illinois; Drs. Kamp Meyer, South Dakota; Joseph Moss, South Carolina; Norman Palm, Michigan; Julio Rodriguez, Wisconsin; R. Donald Hoffman, Pennsylvania; Robert Jolly, Arkansas; Tyrone Rodriguez, HDA, Washington state; Jack Kulm, Idaho; and Mark Desrosiers, Connecticut. Not pictured are Drs. Heather Willis, Alaska; Desiree Dimond, Indiana; and Ted Sherwin, Virginia.

Contest

Continued from Page 19

"Even though it's very entertaining and funny, these are serious issues that happen day to day in a dental office," Mr. Mehrabian said. "We don't know from our limited experiences as dental students, but we took what the ADA Code of Ethics had to offer and we worked with it, and we basically got creative with ideas that could happen in a dental setting. We feel like when people watch something like this and it's very entertaining, it kind of leaves an impact on them.

"It's important for dental students to become aware of these types of situations that can happen because we're going to be in the workforce very soon in the professional field. We believe it's our obligation to be professionals." ■

States stand together

BY KAREN FOX

Four state dental associations stepped up in a big way to help their colleagues in New Jersey recover from Hurricane Sandy.

Unprompted, the California Dental Association, Connecticut State Dental Association, District of Columbia Dental Society and Rhode Island Dental Association collected a combined $47,500 in donations for New Jersey Dental Association members affected by Hurricane Sandy. NJDA matched the donations, resulting in $90,000 to disburse to dentists in need.

Dr. Kevin Collier of Sea Bright, N.J. (see story, Page 22), was one of 11 recipients.

"It was terrific to have this response from our colleagues in other states," said Arthur Meisel, executive director of the New Jersey Dental Association. "I'm in the process of sending out the checks right now. We want to make sure the assistance is meaningful and prompt." ■

Cleaning up: "Every time we turn around, we're faced with this chaos," said Dr. Kevin Collier, about the couple's efforts to restore their dental practice.

Hurricane

Continued from Page 22

New Jersey/New Jersey Dental School called to see what they could do.

"Dentists we've met maybe once in our lives, and ones we've never met, have extended offers for us to use their offices to see patients," said Dr. Collier. "We would be out of business if it weren't for these people. We are blessed in this regard."

There's still an enormous amount of red tape for Dr. Brucker and Dr. Collier to sift through. Their landlord is working hard to get them back in business, and they have applied for an ADA Foundation disaster grant. Small Business Association funding is very slow moving and complicated. They received a grant from NJDA in January (see story, this page), but also learned their practice interruption insurance will not cover a civil authority action like that which shut down Sea Bright after the hurricane.

"We're moving forward," said Dr. Collier. "We have some trepidations about going back to Sea Bright, but hope to be back in our office soon. Numerous reports state that this could be a new weather pattern that we're facing. We have had two major storms in the last two years. If we go back and get reestablished, we're concerned for the safety of our location as well as the cost of flood and practice interruption insurance. Sea Bright will seriously have to consider how it will allow people to rebuild. New flood elevations have been proposed by the Federal Emergency Management Agency but they say it will take 18-24 months before a final decision is made.

"Our intent is to go back. However, I'm doing that with an understanding of considering alternatives. We've got four years left on the lease in this building. We can't afford to do this another time. It's physically, emotionally and financially draining. But, we will continue to move forward." ■

—foxk@ada.org

PRODUCTNEWS

The 3 True Definition Scanner provides predictable clinical outcomes and is an affordable and smart investment for any practice. 3M ESPE's Trifecta system—the ideal combination of Scotchbond Universal Adhesive and RelyX Ultimate Adhesive Resin Cement for bonding. Lava Ultimate CAD/CAM Restorations—offers dentists an easy solution with fewer steps using products designed to work together.

3M ESPE DENTAL PRODUCTS
800-634-2249
www.3MESPE.com
Booth #3425, 3625

Bright, white, and true. The award-winning A-dec LED dental light gives you outstanding illuminance, maneuverability, and low cost of ownership. In addition to three daylight-quality intensity settings and cure-safe mode, it's engineered to reduce shadowing and improve contrast without eye strain. You see colors accurately for optimal tissue diagnosis. And you gain greater control and positionability with 540° of spherical rotation.

A-DEC
800-547-1883
www.a-dec.com
Booth #1225

ZNano is a state of the art nano filled universal composite. It has a high percentage (73% by weight) of zirconia/silica based filler (80 nm) creating superior esthetics, polish and durability. ZNano also offers very high physical properties when compared to other composites. At a radiopacity of 205% of aluminum, it is easy to read. Shades are a close match to Vita.

DANVILLE MATERIALS INC.
800-827-7940
www.danvillematerials.com
Booth #3719, 3720

They grip sensors securely with relax-fit sensor covers for easy use and less risk of cord-pull when removing the sensor from the cover. Only two bite-pieces: one for all periapicals and one for all bitewings. Use them as a quick tab or with XCP-ORA or XCP positioning arms and rings.

DENTSPLY RINN
800-323-0970
www.rinncorp.com
Booth #1802, 2002

Lava Ultimate Restorative, the revolutionary new resin nano ceramic indirect restorative, is now available from DAL. This new material produces beautiful fracture resistant restorations (single unit indications) that allow for add-ons intra-orally with light cured restorative. Lava Ultimate Restorative is extremely durable while providing less wear to opposing dentition than glass ceramics and is coded as a ceramic for insurance reimbursement.

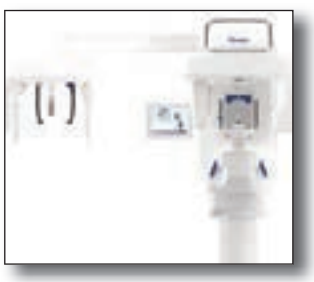
DENTAL ARTS LABORATORIES, INC.
800-227-4142
www.dentalartslabs.com
Booth #925

Building on the legacy of having the easiest to use dental imaging program, this new release brings a progressive software architecture and new features including a cosmetic imaging module, expanded video capabilities, and integration with select 3D products. The award-winning DEXIS Platinum Sensor incorporates PureImage technology, TrueComfort sensor design, and direct USB connectivity for a positive radiographic experience. Together, the software and sensor offer the best image quality, most comfortable sensor, fastest workflow.

DEXIS
888-883-3947
www.dexis.com
Booth #1200

DEXIS go is a sleek, engaging new way for dental professionals to communicate with patients using an iPad. This soon-to-be-released companion app to the DEXIS Imaging Suite software was designed to provide a great visual patient experience around image presentation in support of clinical findings and treatment recommendations.

DEXIS
888-883-3947
www.dexis.com
Booth #1200



The GXDP-700 Series allows different types of imaging for a wide range of clinical situations, giving you the flexibility to capture the images necessary for the procedures you perform. From general preventative care to implants, extractions, root treatment, or orthodontics, this modular system can be upgraded to cephalometric, cone beam 3D (CBCT), or both.

GENDEX
800-323-8029
www.gendex.com
Booth #4200

With clinically proven sensitivity relief, 24 hour protection, variants to suit your patients' needs and over 50 years of expertise, there are plenty of reasons to recommend Sensodyne toothpaste. Sensodyne is the #1 trusted brand for sensitive teeth. Recommend Sensodyne with confidence.

GLAXOSMITHKLINE
412-200-4000
www.dental-professional.com
Booth #4425

The Inclusive Tooth Replacement Solution offers everything you need to complete implant-supported restorations, for one all-inclusive price. This all-in-one treatment solution features the Inclusive Tapered Implant, surgical drills, prosthetic guide, custom temporary abutment and crown for patient-specific soft tissue management, a custom impression coping, and the final custom abutment and ceramic restoration.

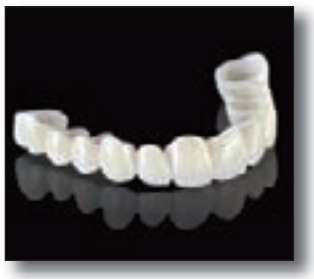
GLIDEWELL LABORATORIES
800-854-7256
www.glidewelldental.com
Booth #3213

Handler model trimmers are hands down the best value in the industry. Each Handler MT comes complete with accessories to hook up to water faucet, reinforced AND reversible Carbo-Dent wheel and two rubber suction feet to lift front for better drainage and improved safety. All 10" & 12" Handler MT's are available with diamond wheel, solenoid valve and orthodontic table

HANDLER MFG
908-223-7796
www.handlermfg.com
Booth #3811

NuSmile Try-In Crowns from NuSmile Pediatric Crowns. NuSmile Try-In Crowns eliminate the additional preparation and cleaning steps necessary for any zirconia or all-ceramic restoration. Precision manufactured for trial fitting and preparation refinement when placing NuSmile ZR Crowns, Try-In Crowns are and are easy to use and ensure a successful restoration.

NUSMILE CROWNS
800-346-5133
www.nusmilecrowns.com/tryin
Booth# 3639



Bruxzir - All Zirconia crowns and bridges are fabricated using the same state-of-the-art scan and mill technology as our successful Forte YZr crowns, but instead of layering porcelain over the zirconia, we mill Bruxzir to full contour. Bruxzir is more Brawn than Beauty. Bruxzir is designed to replace posterior full-gold crowns and metal occlusals for patients who are leery of placing alloy in the mouth. These crowns are very strong, made of a monolithic zirconia.

ORAL ARTS DENTAL LABS
800-354-2075
www.oralartsdental.com

Parkell presents The NEW Foramatron. It not only features a new sleek design, but also performs at the highest level of precision and accuracy that clinicians expect from an apex locator. The unit's brightly illuminated display is angled for easy chairside viewing, and in addition to the visual indicators, the Foramatron has audible file position indicators as well.

PARKELL
800-243-7446
www.parkell.com
Booth #1308

CAESY Cloud 1.3 from Patterson Dental gives practices the ability to link to more than 350 CAESY patient education presentations on their website(s) and makes patient education easily accessible for patients and practice staff. Smile Channel content is also available on CAESY Cloud 1.3 to provide engaging programming for the reception area that entertains and educates patients.

PATTERSON DENTAL
800-873-7683
www.pattersondental.com/appstore
Booth #1016

Planmeca's new ProX intraoral X-ray creates optimal images for all diagnostic needs, with a 0.4mm focal spot for excellent image quality and a smooth, drift-free arm design. The ProX is engineered to interact seamlessly with any operatory, as well as with Planmeca's Prosensor connection and Romexis software.

PLANMECA USA
630-529-2300
www.planmecausa.com
Booth #2202

Sofreliner Tough is an addition-cured silicone material for relining dentures on patients that require relief on upper or lower, partial or full dentures. With superb stain resistance, excellent adhesion to the denture, and superior tear resistance, Sofreliner Tough ensures patient satisfaction for up to 24 months. Available in two formulas, soft and medium, to best match the patients' needs.

TOKUYAMA DENTAL
877-378-3548
www.tokuyama.com
Booth #3005

Vista Dental Products is revolutionizing composite delivery with our new Therma-Flo line of products; uniquely engineered to utilize heat for optimal performance of composite material. The Therma-Flo Applicator and Warming Kit offer great versatility, enhancing all restorations from micro-fill to bulk-fill. Call Vista today to find out how you can maximize the performance of your favorite composite.

VISTA DENTAL PRODUCTS
877-418-4782
www.vista-dental.com
Booth #1439, 1537

VOCO's Structur 3 is a nano-filled, quick setting, strong temporary Crown & Bridge material with "Wipe and Go" Technology. The material has great strength, aesthetics, high fracture resistance and high compressive strength. The greatest advantage of the material is the Wipe and Go effect. Due to the minimal oxygen inhibition layer, the material no longer needs to be polished. Just wipe with alcohol for a brilliant gloss, saving the clinician time and money. Structur 3 is available in eight VITA matching shades.

VOCO AMERICA, INC.
888-658-2584
www.voco.com
Booth #1529

Zirc Company is proud to announce the introduction of their new, very affordable, isolation device Mr. Thirsty. Mr. Thirsty provides the ultimate experience in hands-free isolation which includes tongue and cheek retraction and high volume evacuation. Mr. Thirsty is portable and can be easily used in any operatory since it simply inserts directly into the HVE Valve. Practitioners enjoy an unobstructed view of the quadrant and patients experience greater comfort with the built-in bite block.

ZIRC COMPANY
763-682-6636
www.zirc.com
Booth #2808

Photo by Leslie Capo

Photo by Dr. Kellie Axelrad

Photo by Andrew Remson

Healthy teeth: New Orleans Saints defensive tackle Akiem Hicks (above left) visits with a young patient during his GKAS dental screening and (above) discusses dental-healthy food choices.

Volunteers: Drs. Nicole Boxberger, Claudia Cavallino and Kellie Axelrad pause for a photo with New Orleans Saints defensive end Cameron Jordan during the GKAS/NFL Play 60 event.

New Orleans

Continued from Page 1

40 dental hygiene students, 15 dental assistants, four pediatric dental residents, 10 dental hygienists and 20 dentists teamed up with the New Orleans Saints' defensive end Cameron Jordan and defensive tackle Akiem Hicks for an NFL Play 60 event.

NFL Play 60 is the NFL's campaign to encourage kids to be active for 60 minutes a day in order to help reverse the trend of childhood obesity.

"Since childhood obesity and dental caries share contributing risk factors, we thought it would be a great idea for NODA and Louisiana State University Health Sciences Center School of Dentistry to join with the NFL and NFL Play 60 to get the message out about how to have a healthy body, healthy teeth and a healthy lifestyle," said Dr. Boxberger. "The New Orleans Saints were very receptive to our idea."

Drs. Axelrad and Boxberger wanted to reach out to communities that were affected by Hurricane Isaac in August 2012. LSU Department of Pediatric Dentistry's interim chair, Dr. Janice Townsend, helped them coordinate with schools in Plaquemines Parish and LaPlace, La., to extend invitations.

A total of 101 students, from second- through fifth-graders, rotated through three stations during the event.

Saints players Cameron Jordan and Akiem Hicks, assisted by mascots Gumbo and Sir Saint, led NFL Play 60 football drills to promote physical activity and fitness outside on the dental school's athletic fields.

"These two gentleman stayed the entire morning visiting with the students, performing NFL drills alongside them, and discussing oral hygiene and diet choices," said Dr. Boxberger. "We can't thank them enough for the multitude of smiles on the students' faces that they helped provide."

Kids also received brushing and flossing lessons from the Tooth Fairy and visited stations staffed by LSU dental hygiene faculty and students, including a coloring booth to illustrate happy smiles; a station demonstrating how mouthguards protect teeth; and a station on how drinks like juices, soft drinks and sports drinks affect teeth. NODA members, LSUHSC dentists, dental students and dental residents screened and cleaned participating children's teeth, and the dental association provided a healthy lunch to wrap up the day.

Dr. Boxberger said the program identified 11 children who had urgent needs, 41 with dental caries and 38 who had no visible decay and shared the information with school nurses and parents of participants. Parents were also provided with a list of dentists in their area for follow-up care. ■

—croziers@ada.org

Photo by Leslie Capo

Healthy bodies: Kids at the Jan. 18 GKAS event learn pro football drills from NFL Play 60 coordinators.

3M ESPE donates composite material to dental charities

St. Paul, Minn.—3M ESPE has donated $40,000 worth of its Filtek Supreme dental composite to Give Kids A Smile-St. Louis, the National Children's Oral Health Foundation: America's ToothFairy and Oral Health America.

The donation is part of the company's "Changing Lives" campaign, designed to celebrate stories and testimonials shared by dentists of how the material helped them make a difference in the lives of their patients. First introduced in 2002, the Filtek Supreme line of dental composite has been used in some 400 million restorations, according to 3M. The donation represents one unit of dental composite given to a dental charity for every four-unit order purchased by a dentist.

"We were delighted to learn from hundreds of recent testimonials the importance dentists place on doing good and giving back to the community," said Drew Hoopes, marketing manager, 3M ESPE. "To do our part, 3M ESPE recently helped restore smiles and change lives with donations of Filtek Supreme Ultra, a product celebrating more than 10 years and more than 400 million restorations. We're proud to be a manufacturer who supports dentists' efforts to give back and do good."

For more information, visit 3MESPE.com/Filtek. ■

Generous sponsors help GKAS thrive

BY STACIE CROZIER

Since 2003, the ADA's Give Kids A Smile program has reached some 4.5 million children thanks in part to the program's generous sponsors.

"Give Kids A Smile would not be possible without the generous support of our corporate sponsors, who have provided millions of dollars worth of products and services," said Dr. Robert A. Faiella, ADA president. "We appreciate the dedicated support of Henry Schein Dental, Colgate and DEXIS. These companies have provided thousands of local GKAS events with millions of dollars worth of professional and consumer dental products as well as use of state-of-the-art digital X-ray systems for large programs."

"Give Kids A Smile would not be possible without the generous support of our corporate sponsors, who have provided millions of dollars worth of products and services."

Henry Schein Dental is the exclusive professional product sponsor of Give Kids A Smile Day. Over the past decade, Henry Schein and its supplier partners have donated products and services valued at more than $11 million to the program. Schein's kits include gloves, patient bibs and bib holders, masks, plastic cups, tongue depressors, gauze pads, dental floss, prophy angles, prophy paste, fluoride varnish and chair sleeves.

A total of 29 companies contribute products for the professional products kits, including:

- 3M ESPE
- Acteon
- Ansell Healthcare
- Biotrol
- Centrix
- Coltene/Whaledent Inc.
- Crosstex International
- Denticator
- Dentsply Professional
- DMG America
- Dukal Corporation
- DUX Dental
- GC America
- Hu-Friedy
- Integra Miltex
- Kerr Corporation
- Kimberly-Clark Healthcare
- Medicom
- Microflex Corporation
- PDI
- Premier Dental Products
- Richmond Dental
- Sempermed USA
- Septodont
- Sultan Healthcare
- TIDI Products
- Tuttnauer
- Waterpik Technologies
- Young Dental
- Zirc

Since 2007, Colgate has served as the exclusive consumer product sponsor of Give Kids A Smile Day, donating $800,000 annually in toothbrushes and toothpaste for events across the United States.

For the past decade, DEXIS has generously donated $1 million annually in X-ray systems and staff expertise during Give Kids A Smile events.

At press time, 1,728 programs had registered their events with the ADA. More than 400,000 children will be served by close to 10,000 dentists and nearly 32,000 other volunteers.

For details on Give Kids A Smile's sponsors, history and more, visit ADA.org/givekidsasmile.aspx.

For the latest coverage of the 2013 GKAS Day observed on Feb. 1, visit ADA.org and click on the ADA News banner.

Follow GKAS on Twitter at #gkas or #givekidsasmile ■

—croziers@ada.org

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DQA

Continued from Page 1

nationwide, transforming them into dental quality ambassadors to promote quality improvement and educate the dental community on this emerging field. The DQA will hold a conference at ADA Headquarters June 28-29 to train these ambassadors and give them the tools they need to promote the quality measures and make a marked improvement in the dental profession.

The DQA received a grant (R13HS021842) from the federal Agency for Healthcare Research and Quality to host the conference, titled Improving Dental Quality Through Measurement. United Concordia Dental is also sponsoring the conference as a part of their continued commitment to improving oral health, the company said.

"We encourage participation from all stakeholder communities that are interested in improving oral health care," said Dr. Ronald Hunt, DQA chair, and associate dean for academic affairs at Midwestern University's College of Dental Medicine in Arizona. "The ambassadors will learn how measuring quality can lead to improved oral health of the public. They can also help inform others in their community of the importance of measuring oral health care quality on a population basis."

Through an application process, the DQA aims to select a broad and diverse group of people who have the ability to impact priority and underserved populations across the country with significant health care disparities. To apply and to see a preliminary agenda, visit www.ada.org/8138.aspx. The deadline for applications is May 1.

The conference will help participants understand why dentistry needs measures to support quality improvement; examine emerging trends in quality, patient safety and leadership; review the measurement techniques necessary to develop and implement quality improvement projects in dentistry; and develop strategies for successfully leading and influencing health care improvement. It will be divided into three broad sessions to address the six domains of care as defined by the Institute of Medicine.

The first session will focus on providing patient-centered and effective care. Session two will cover how to provide equitable care while remaining efficient and the third session will instruct attendees on how to provide timely and safe care.

Attendees are eligible to earn up to 11 continuing education credits.

The DQA, formed in 2008 through a request from the Centers for Medicare and Medicaid Services, is comprised of multiple stakeholders from across the oral health community who are committed to development of consensus-based quality measures. The DQA is also exploring whether the measures can be integrated into electronic health records and what role the alliance will play in the realm of quality measures within EHRs.

For more information on the DQA, visit ADA.org/dqa. ■

New maternal/child oral health resources online

Log on to mchoralhealth.org for the new and updated resources from the National Maternal and Child Oral Health Resource Center, including:

- Resource Highlights: Focus on Home Visiting (mchoralhealth.org/highlights/homevisiting.html);
- Resource Highlights: Focus on the Dental Home (mchoralhealth.org/highlights/dentalhome.html);
- Resource Highlights: Focus on Injury (mchoralhealth.org/highlights/injury.html);
- Oral Health Care During Pregnancy: A National Consensus Statement—Summary of an Expert Workgroup Meeting (mchoralhealth.org/materials/consensus_statement.html);
- Free credit-bearing curricula (mchoralhealth.org/materials/DL.html);
- Oral Health Resource Bulletin: Volume XXVIII (mchoralhealth.org/materials/ResBulletins.html);
- Targeted MCH Oral Health Service Systems Project Highlights (mchoralhealth.org/Projects/TOHSS). ■.

Vermont State Dental Society names new director

South Burlington, Vt.—The Vermont State Dental Society executive board named Vaughn Collins as the next VSDS executive director, effective Feb. 11.

Mr. Collins is the director of government affairs at the Theodore Roosevelt Conservation Partnership. He has also held positions as a senior manager in the Department of Agriculture and the Department of the Interior, and served as executive director of the Vermont Council on Rural Development from 1996-2000. ■

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

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† The 5 year warranty covers everything except the batteries and cables.

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