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BRIEFS

Get a jump on Annual Session planning

Get ready for the ADA Annual Session Oct. 31-Nov. 3 by pre-ordering the 2013 ADA Annual Session Preliminary Program.

The Preliminary Program offers an overview of daily events, a complete listing of continuing education courses, a World Marketplace Exhibition

pre-view, trip planning information, New Orleans visitor information and registration and housing information.

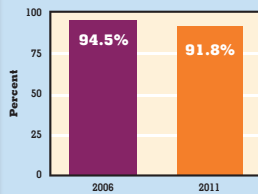
A PDF version of the Preliminary Program will be available online the week of April 8 at ADA.org/session. Those who prefer a print copy can order one from the ADA Catalog at catalog.ada.org. Those who place orders by April 12 will receive their Preliminary Program in the first mailing that goes out

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JUST THE FACTS

Billings collected

For dentists in private practice, the average percentage of gross billings collected declined from 94.5 percent in 2006 to 91.8 percent in 2011.



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

Census Bureau targets unmet need

Data from 2011 National Health Interview Survey

BY CRAIG PALMER

Hyattsville, Md.—More than 4 million children aged 17 and younger had unmet dental need in 2011 because their families could not afford dental care, the National Center for Health Statistics said in an analysis of data collected annually by U.S. Census Bureau interviewers.

The estimated number and percentage of U.S. children with unmet dental need are roughly comparable, though slightly less, than indicated by the 2010 National

INSIDE ADA, AAPD comment on ACA marketplace, Page 7

Health Interview Survey, a multi-stage probability sample survey representative of the civilian noninstitutionalized population.

In 2011, most U.S. children under age 18 years, 83 percent, had excellent or very good health, according to the NCHS analysis. However, 7 percent of children had

no health insurance coverage, 3 percent had no usual place of health care and 6 percent had unmet dental need, the report said. Estimates are presented for asthma, allergies, learning disability, attention deficit hyperactivity disorder, prescription medication use for at least three months, school days missed due to illness or injury, usual place of health care, time since last contact with a health care professional, selected measures of health care access, emergency room visits in the past 12 months and dental care.

The measure of unmet dental need is based on responses to the question posed during interviews with adult family respondents in more than 40,000 families, “During the past 12 months, was there any time when (child’s name) needed any of the following but didn’t get it because you couldn’t afford it. Dental care including (check-ups)?”

Children in single-mother families were more likely to have unmet

See *NEED*, Page 9

Who calls the shots?

Illinois dentists advocate to administer flu and other vaccines

BY KAREN FOX

Springfield, Ill.—As a way to benefit public health in Illinois, dentists have proposed legislation that would enable them to vaccinate patients, but the state’s physicians are fighting to prohibit it from happening.

The Illinois State Medical Society has come out against Illinois State Dental Society-proposed legislation that would allow dentists to administer vaccinations as part of their services to the public. Senate Bill 1217 proposed that dentists who complete training on how to

See *VACCINES*, Page 8



Outreach honored: Dental student coordinators for the Community Dental Clinic at the University of California, San Francisco School of Dentistry include, from left, Luis Gutierrez, Chris Kim, Ryan Ray Dela Cruz, Osvaldo Amezcua, Crystal Chang and Pamela Bui. The clinic received the 2012 ADA Foundation Bud Tarrson Award for its mission to treat homeless clients.

Resourceful student clinic wins ADAF Tarrson Award

BY JEAN WILLIAMS

San Francisco—They do a lot with a little. They are the dental students of the University of California, San Francisco School of Dentistry—and their small, lean clinic, which treats homeless clients, has been awarded the 2012 ADA Foundation Bud Tarrson Award.

The Community Dental Clinic at UCSF operates on an annual budget of about \$3,000 and on material donations from corporations, said Dr. Steven Silverstein, who is the clinic’s faculty adviser. About 100

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Speakers sought to help students transition to practice

The ADA Success Dental Student Programs are seeking speakers to help the next generation of dentists make the transition from dental school to practice.

There are four presentations prepared by the ADA (one for each school year; see ADA.org/success for a year-by-year breakdown) that are offered to every school. Passionate, knowledgeable speakers deliver the presentations that include practice management information and the value of organized dentistry.

For 2013-14, the ADA New Dentist Committee is seeking up to six speakers for the Success speaker corps. Submissions are due

May 1. Interested candidates must provide a CV; a letter of interest, citing public speaking experience; and a link to an online video,



between two and 10 minutes in length, of speakers in a public speaking role (may include a presentation crafted for the purpose of this submission).

Candidates are ADA members with strong presentation skills, experience with students, and experience that reflects a broad knowledge of practice management. All new speakers will be required to attend a full-day orientation session in Chicago on Saturday, Aug. 10. The ADA reimburses expenses for Success-related travel, including the orientation.

Those interested can email information by May 1 to Isabella Horning at horningi@ada.org. Questions may be directed to Ms. Horning at ext. 4656. The NDC will review submissions and candidates will be notified by June 7. ■



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Thinking outside of the city



Brenden Moon, D.M.D.

I thought I had an idea of where my life and career were headed when I was about halfway through dental school in 2005. I intended to marry my girlfriend, finish school at the University of Mississippi School of Dentistry and work in Jackson, Miss.; Dallas, Texas; or Atlanta, Ga. My brother lives in Dallas, and my girlfriend/now wife Jessica had family in the Atlanta area.

My wife Jessica has a degree in graphic design and experience working as both a legal secretary and paralegal. We would talk about moving and getting our careers started as I'm sure many young couples in their early twenties do. Then everything

changed in the summer of 2006 between my third and fourth years of school.

While visiting my mother on vacation in Illinois, I was offered a full-time job as soon as I finished school in Mississippi! This created a situation and opportunity that I was NOT expecting. I mean, where do you start? The only place I could think to start was with our priorities—what did we really want for our life together? Jessica and I discussed our options at length and quickly identified the facts: We had about \$200,000 in student loan debt between the two of us, most of which was mine. We had about \$6,000 in credit card debt. We had one vehicle we owned and another that we would need approximately \$400 monthly payments for another three years to pay off. We thought we wanted to live in a more urban area and desired what I think a lot of dental and other professional students desire—living near our friends and siblings. We wanted to be close to our favorite restaurants,

The decision we made to move from where we were more comfortable has paid off immensely.

night life and shopping centers. Five years after I've faced this decision, I want others to know what happened.

Jessica and I decided together to move to a rural farming community where I would practice at a health department in a town of 2,700 people. The full-time job I was offered was in Carthage, Ill.—an underserved area—and grant money for student loan repayment was available. The loan assistance was provided in part by the Hancock County Health Department but mostly through the federal State Loan Repayment Program administered by the Illinois Department of Public Health Center for Rural Health. The initial grant contract required that I serve a two-year term at the Hancock County Dental Center.

I began working full time as a dentist there in 2007. It's now 2012, I've been working there for five years, and I feel as though I've accumulated 20 years of experience. We didn't move after the first two years, or the third; and this past year, I renewed my contract through January of 2016.

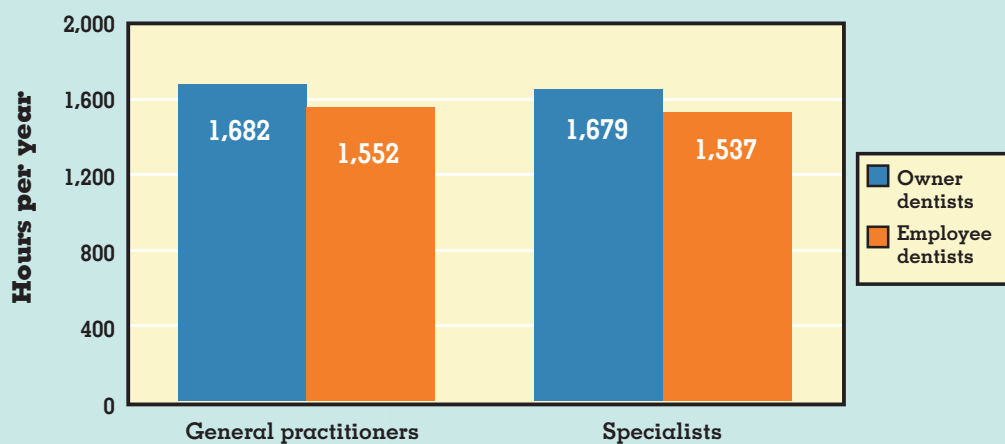
We now have two kids of our own, and my career has enabled Jessica to stay at home with our wonderful boys. I've continued to apply for and

See MY VIEW, Page 5

SNAPSHOTS OF AMERICAN DENTISTRY

Hours per year in the dental practice

In 2011, owner dentists averaged more hours in the private practice than employee dentists. Among general practitioners, owners worked 8.4 percent more hours. Among specialists, owners worked 9.2 percent more hours.



Source: American Dental Association, Health Policy Resources Center, 2012 Survey of Dental Practice.

Letters

Sealant utilization

I am an ADA member and dental director for the North Carolina Department of Health and Human Services/Division of Medical Assistance. Our agency administers the North Carolina Medicaid and Health Choice (CHIP) dental programs. I would like to comment on the editorial, "Tennessee Sealant Experience at Variance with Pew Report" (March 4 ADA News; also posted at ADA.org/8334.aspx), sent by my colleague Dr. James Gillcrist, dental director of the Tennessee's State Medicaid (TennCare) program. I agree with Dr. Gillcrist's analysis of the Pew Children's Dental Campaign's report, "Falling Short: Most States Lag on Dental Sealants," released in January 2013. I would like to elaborate on an important point that Dr. Gillcrist made about the lack of a benchmark measuring the utilization of sealants by Medicaid and CHIP children.

The introduction of the Pew report clearly states the objective of their analysis:

"In both 2010 and 2011, the Pew Children's Dental Campaign released reports grading all 50 states and the District of Columbia on children's dental health, relying on eight evidence-based policies that cover prevention, financing

and workforce issues. However, this year, Pew's 50-state report focuses on prevention, examining states' efforts to improve access to sealants for low-income kids."

The study purports to examine the barriers to low-income children receiving one of the most cost-effective preventive techniques available to dental professionals who provide pediatric oral health

this was not one of the four benchmarks that Pew chose to use when examining states' performance in improving sealant utilization for low-income children. If the Pew study targets improvement in the delivery of services to low-income children, it would make sense that the reader should expect that all of the states that received high grades ("As" and "Bs") from Pew would also be among the leaders in terms of high utilization of sealant services for Medicaid children in the 6-9 age group as reported on the CMS-416. This measure is an important one because the CMS National Oral Health Initiative has called for states to improve the utilization rates for sealants on 6-9-year-old Medicaid and CHIP children by 10 percentage points over a five-year time frame.

After examining the most current data available from the CMS-416 for Federal Fiscal Year 2011, I have concluded that there is little correlation to scoring well on Pew's self-determined benchmarks and having high utilization rates for sealant services delivered to Medicaid children. My home state, North Carolina, received an "F" on the Pew Report. I discovered that four of the 13 states that received an "A" or "B" had sealant utilization rates



LETTERSPolicy

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services. As Dr. Gillcrist properly asserted, utilization data is currently available at both the individual state level and through the Centers for Medicare & Medicaid Services Annual Early and Periodic Screening, Diagnostic and Treatment Participation Report otherwise known as the CMS-416 Report. Dr. Gillcrist is also correct when he states that

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MyView

Continued from Page 4

receive grant monies that are available to dentists willing to move and work in designated underserved areas. We were able to buy a home, and our vehicles are all paid for. By this October, my student loan debt will be completely repaid.

I've been blessed to have this opportunity, but I have also worked hard to make it happen. Among other things, I took two regional board exams in three states, and we lived in a very rural area which was at the time far from most of our friends and family.

The decision we made to move from where we were more comfortable has paid off immensely. I have gained more experience in the last five years than I would have ever thought possible, our family has more financial security, and I've been able to help a lot of people. Thanks to the Hancock County Board of Health, the Illinois Department of Public Health Center for Rural Health and the federal government, many patients who would have otherwise gone untreated have been taken care of.

I want to encourage other dentists and dental students, especially the young people starting out, to think outside of the city. Among all the risks marketed to young dentists, I would like to offer this one: Try chang-

ing zip codes. If it doesn't work out, you are not out that much, and you may be pleasantly surprised to find that you thrive in your new location. Thank you, Jessica, for your constant love and support!

Dr. Moon is a member of the Illinois State Dental Society New Dentist Committee. His comments, reprinted here with permission, originally appeared in the October 2012 issue of Illinois Dental News.

Editor's note: The ADA New Dentist Committee is interested in sharing stories like Dr. Moon's through its communications channels. If you have a story to tell about your career choice, please send it to newdentist@ada.org.

ADA Institute for Diversity in Leadership seeks applications for 2013-14 class

The ADA is accepting applications from dentists for the 2013-14 ADA Institute for Diversity in Leadership.

Made possible by generous contributions from Procter & Gamble and Henry Schein Dental, the Institute is a yearlong educational experience for promising leaders from racial, ethnic and/or gender groups that have been less visible in dental leadership.

The ADA partners with educators from the Northwestern University's Kellogg School of Management to deliver an extraordinary learning experience for participating dentists. Upcoming Institute dates are Sept. 23-24; Dec. 16-17; and Sept. 4-5, 2014.

To learn more about the Institute and how to apply, visit ADA.org/5402.aspx. The application deadline is April 30. ■

Letters

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below North Carolina's—ranging from two to five percentage points below our state's 17 percent utilization rate for 6-9-year-old beneficiaries. The average for all 50 states for this age group on the FFY 2011 CMS-416 Report is 17 percent. It is clear that having met all or nearly all of Pew's benchmarks has not necessarily translated into successful outcomes for low-income children in the Medicaid beneficiary population in several states that received high grades from Pew.

I would like to further support Dr. Gillcrisp's argument by stating that I believe that it is imperative that any scientific analysis measuring whether low-income children are receiving sealant services in appropriate proportions must have at least one benchmark that reports utilization data from the Medicaid and CHIP pediatric beneficiary population. It seems to me that Pew focused more attention on benchmarks that attempted to determine whether the process of how states deliver sealants to children met with their approval rather than on outcome measures that report actual utilization and prevalence of sealants in the states. I firmly believe that if more scientifically sound outcome benchmarks had been included in the Pew report, that it would be far more meaningful and would also have presented readers with a better idea of current success or failure of states in the delivery of sealants to low-income children. To portray some states as leaders and some as laggards without fully examining the data is simply wrong. As Dr. Gillcrisp indicated, the Pew report is a disservice to the many dedicated dental professionals who are state employees that have spent their careers implementing policies and programs to improve the oral health of disadvantaged children.

Mark W. Casey, D.D.S., M.P.H.
Dental Director
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GOVERNMENT

ADA cites Indian Health Service sealant, fluoride advances

BY CRAIG PALMER

Washington—The Association described “advances that we believe will lead to improvement in the oral health of American Indians and Alaska Natives” in March 19 testimony responding to congressional inquiry.

The House Appropriations subcommittee on interior, environment and related agencies asked the Association to comment on whether the panel’s actions have helped make a measurable reduction in the disease disparity rates between American Indians and Alaska Natives and all other populations and to offer recommendations on future actions the subcommittee should consider taking “within this constrained funding environment.”

The appropriations subcommittee takes the initial steps toward annual appropriations for the Indian Health Service with hearings and invited testimony, and the Association has been testifying before this panel since the 1990s. The IHS dental budget has grown over that period from \$65 million to more than \$159 million.

“We are very grateful to the committee for responding to the oral health needs of American Indians and Alaska Natives and we have seen advances that we believe will lead to improvement in the oral health of American Indians and Alaska Natives,” Dr. Henry Fields testified. “But we also know there is still much more that needs to be done,” he told the subcommittee hearing chaired by one of two dentist members of Congress, Rep. Mike Simpson, R-Idaho. Representing the Association, Dr. Fields chairs the ADA Council on Government Affairs.

According to the most recent data from the IHS Division of Oral Health, dentists are making advances in these areas, Dr. Fields said:

- in 2011, the IHS placed 276,893 dental sealants, 19,632 sealants more than the goal;
- IHS dentists reported treating 28 percent of the patients who needed care, which is 5 percent more than they serviced in the 1990s;
- the IHS reported that 161,461 American Indian/Alaska Native students had received at least one topical fluoride treatment, which was 25,857 applications over the goal.

“The ADA believes that a key factor for these accomplishments and taking further



Dr. Simpson



Dr. Fields

steps to reduce disparity for disease is having a sufficient workforce,” Dr. Fields testified. “In 2009, the IHS reported needing 140 dentists. Today, the vacancies are down to 40. These numbers reflect the vacancies reported by the Division of Oral Health and tribes that choose to notify headquarters of their openings for dentists. Because tribes are not required to report their workforce needs, the vacancy figures might be understated. Nonetheless, this data shows a substantial improvement.”

The Association offered recruitment and retention recommendations and urged the committee to “encourage” the Indian Health Service to release data gathered more than two years ago on its early childhood caries initiative to promote prevention and early intervention of tooth decay in young children.

“Thank you for allowing the ADA to testify and highlight the needs and successes of the IHS dental program,” Dr. Fields said. “The ADA is committed to working with you, the IHS and the tribes to aggressively reduce the disparity of oral disease and care that currently exists in Indian country. We know oral disease is preventable—provided that appropriate oral health literacy programs, prevention programs and an adequate workforce are in place.”

Dentist/Rep. Simpson said total Indian Health Service funding from 2000 to 2012 increased from \$2.4 billion to nearly \$4.4 billion “before sequestration,” which several witnesses said will hit hard in Indian country. “No doubt some of that increase was an attempt to keep pace with the nationwide problem of rising medical care costs, but my hope is that the rest of the increase has made a positive difference in people’s lives,” the congressman said. ■

Disaster response law recognizes dental role

BY CRAIG PALMER

Washington—The 113th Congress and President Obama, with one accord and little fanfare, produced public law offering disaster response opportunity for dentists and dental facilities long advocated by the profession and the Association.

The Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 makes dental entities eligible for carrying out certain educational and training activities pertaining to public health emergencies.

States, at their option, may include dentists and dental facilities, including dental schools, in their public health emergency plans without mandating participation by dentists.

Congress cleared the legislation March 4 for the president’s March 13 enactment by signature.

The White House press secretary, in a brief statement, said the law “revises authorities for activities to improve public health and bioterrorism emergency planning, preparedness and response; streamlines authorities within the Department of Health and Human Services to improve coordination and eliminate inefficiencies; and strengthens the role of the Food and Drug Administration to bring prevention treatment products, known as ‘countermeasures,’ to market for emergency use.”

Preparedness and response activities “may include dental health facilities” and “dental health assets” under the law,

and the medical surge capacity authority is amended by striking “public health or medical” and inserting “public health, medical or dental” language.

“Dentistry has assets in personnel and facilities that can be of great value in responding to a major bioterrorist attack on the United States,” said the cover story in the September 2002 Journal of the American Dental Association reporting on an ADA-convened workshop on the role of dentistry in bioterrorism.

The Association’s subsequent legislative advocacy gained bipartisan congressional and professional support in recent Congresses culminating in the legislation enacted March 13.

Visit ADA.org for a legislative history and information on dentistry’s disaster response capacity (www.ada.org/2390.aspx).

The 113th Congress moved quickly on reauthorization of medical disaster and emergency response legislation, which included ADA-backed dental emergency responder language recognizing the importance of dentists and dental facilities to the nation’s medical surge capacity.

The House of Representatives approved the PAHPA legislation Jan. 22 by a roll call 395-29 vote.

The Senate by unanimous consent passed its version of the legislation Feb. 27, and the House cleared the final measure by a 370-28 vote. ■

—palmerc@ada.org

New I-9 form required for new hires

BY CRAIG PALMER

Washington—Dr. Douglas B. Torbush expects to hire a hygienist in June and is “very interested” in the new Form I-9 announced by the Department of Homeland Security’s U.S. Citizenship and Immigration Services. “I have not had to hire anyone in such a long time that I was somewhat at a loss when I found that the I-9 form is now required for

all new hires,” he said.

Employers must use the new Form I-9 immediately for all new hires, said the USCIS March 8 Federal Register notice. Prior versions of Form I-9 can no longer be used effective May 7. Form I-9 is used for verifying the identity and employment

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Better information urged for ACA dental shoppers

BY CRAIG PALMER

Washington—Consumers shopping in the Affordable Care Act marketplace may have difficulty choosing the most appropriate dental benefit product to meet their individual and family needs under current regulatory guidance, the American Dental Association and American Academy of Pediatric Dentistry told federal regulators.

Insurers must offer pediatric dental coverage as an essential health benefit beginning in 2014, but consumers shopping through the new insurance exchanges won't necessarily have to buy it. Insurance exchanges are scheduled to begin enrolling beneficiaries for federally subsidized coverage on Oct. 1.

"We support the establishment of a reasonable, separate cost-sharing limit maximum for stand-alone dental benefit plans offering the pediatric dental essential health benefit," the dental organizations said. "However, the ADA and AAPD believe that administrative adjustments are necessary to ensure consumers are treated fairly regardless of whether they select dental coverage as part of an embedded dental product or in a separate stand-alone plan."

As regulatory guidance and proposals stand, consumers may be short-changed on information necessary for informed dental benefit decisions, the professional organizations said in a letter to the Center for Consumer Information and Insurance Oversight, which is charged with implementing many of the ACA provisions.

"We are concerned that consumers will not be provided complete rate information in all cases in time to make an informed choice when considering the selection of a stand-alone dental plan," said the March ADA-AAPD letter signed by the organizations' presidents.

"The ADA and AAPD support the separately



pricing and offering of dental benefits by qualified health plans with embedded dental benefits to ensure consumers have the ability to make informed benefits decisions when accessing coverage in a health insurance exchange. We are disappointed that the [CCIIO] agency has decided this will not be required in states that opt for a federally-facilitated exchange."

The dental organizations "request clarification that consumers will have access to full benefits information,

including cost-sharing, coverage limitations and network participants through the website in order to choose a dental benefit product that meets both their coverage and affordability needs," the letter said.

Among the main functions of an ACA insurance exchange is operation of an internet website and toll-free telephone hotline offering comparative information on qualified health plans and allowing consumers to apply for and purchase coverage if eligible. ■

—palmerc@ada.org

Form

Continued from Page 6

authorization of individuals hired for employment in the United States.

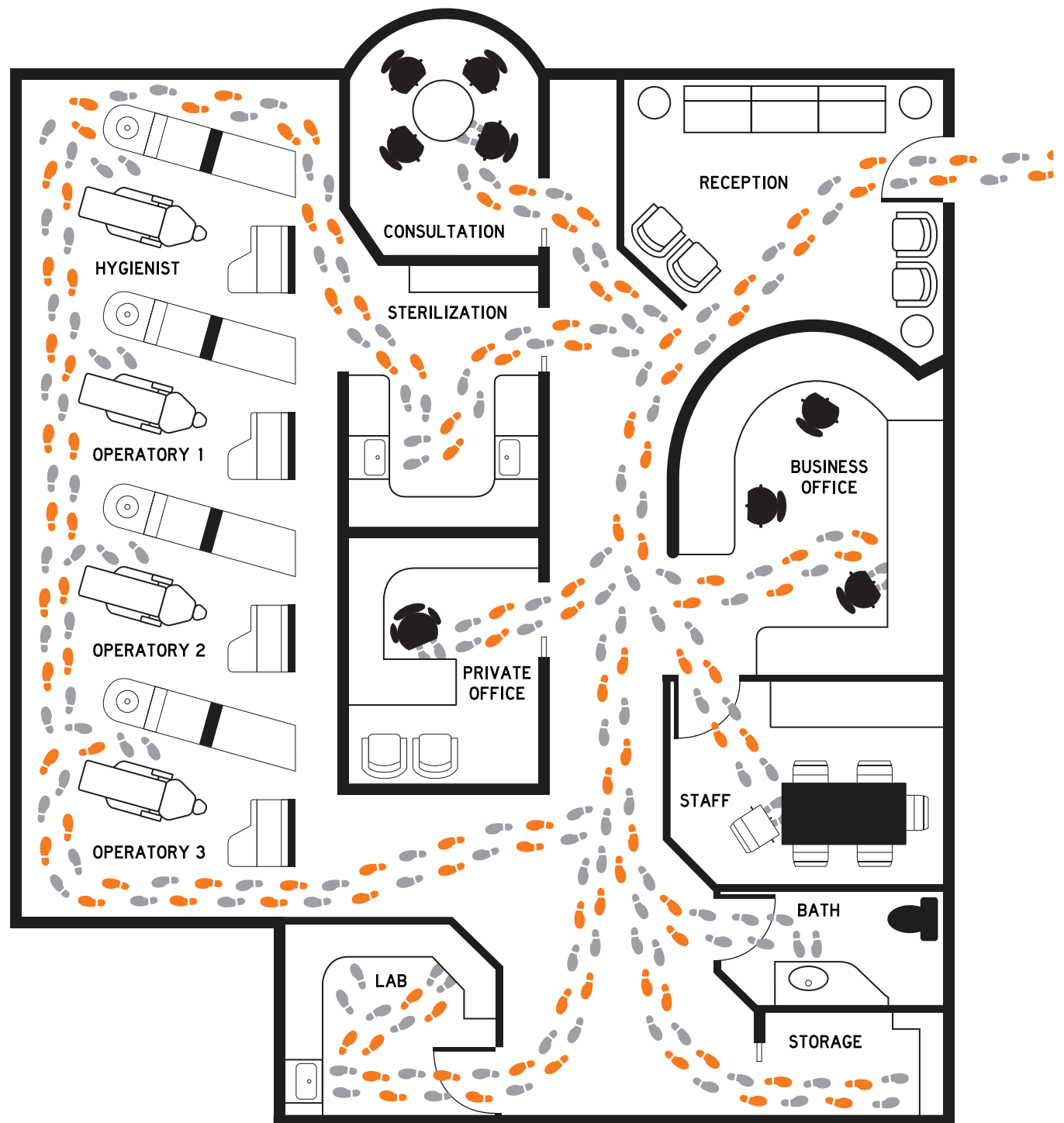
"All U.S. employers must ensure proper completion of Form I-9 for each individual they hire for employment in the United States," the USCIS said.

"This includes citizens and noncitizens. Both employees and employers (or authorized representatives of the employer) must complete the form. On the form an employee must attest to his or her employment authorization. The employee must also present his or her employer with acceptable documents evidencing identity and employment authorization."

There is no fee for completing Form I-9 and the form is not filed with the USCIS or any government agency. However, employers are responsible for completing and retaining the form for a designated period and making it available for inspection by authorized government officers.

Additional information is available in documents posted at www.uscis.gov, including the USCIS I-9, Employment Eligibility Verification form, which also offers links to the new Form I-9, a Spanish version for employers and employees in Puerto Rico only and a handbook for employers with guidance for completing Form I-9. ■

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Massachusetts approves Botox policy for dentists

BY KELLY SODERLUND

Boston—Massachusetts dentists can administer Botox and derma fillers to patients as part of their overall dental treatment plan, per a new state regulatory policy.

The Massachusetts Board of Registration in Dentistry approved the policy unanimously March 6, joining at least 20 other states that address the issue of general dentists administering botulinum toxins, the clinical name for what's commonly known as Botox. Dr. Mina Paul, chair of the dental board, said she established a task force last year to study the pros and cons of implementing a Botox policy.

"The task force unanimously felt strongly that it's an area that dentists can definitely work in and deliver without a problem, given our background and training," Dr. Paul said.

One of the components affecting the decision was based on the focus of temporomandibular joint disorders in Boston's three dental schools—Boston, Harvard and Tufts universities—and how Botox can treat the condition, Dr. Paul said.

Massachusetts dentists who want to administer Botox and fillers must be board certified in oral and maxillofacial surgery or have completed a minimum of eight hours of training in the administration of botulinum toxins and/or derma fillers that includes instruction in

the anatomy of head and neck, neurophysiology, patient selection, pharmacological effects and contraindications, management of complications, informed consent and hands-on training on the administration of the agents. The training must be offered by a continuing education provider approved by the ADA's Continuing Education Recognition Program, the Academy of General Dentistry's Program Approval for Continuing Education or another nationally recognized and accredited entity approved by the dental board.

The ADA supports dentists performing any procedure for which they are qualified by education, training and experience and consistent with the laws of the state in which they are practicing. The Association is aware of at least 20 states that have addressed the issue of general dentists administering Botox.

State regulations related to the administration of Botox vary widely. Some states permit properly trained dentists to administer Botox for cosmetic purposes, while others only allow dentists to administer Botox when there is a dental benefit.

There is no national uniform regulation for the administration of Botox. For the most up-to-date information, dentists should contact their state dental board. ■

—soderlundk@ada.org

Vaccines

Continued from Page 1

address contraindications and adverse reactions would become additional qualified providers available to administer influenza and other vaccines.

"This year was a tragic year with 28 deaths and 368 hospitalizations from influenza," said Dr. Barry Howell, president of the Illinois State Dental Society.

"Given the severity of the recent flu season, it only makes sense to expand the public's access to the flu vaccine as well as other immunizations, particularly in rural and underserved areas where access to a pharmacist or physician is likely to be very limited."

As a result of the push-back from physicians, ISDS pulled the bill from consideration and will revisit the issue later this year.

"We won't get into pitched battle with the medical society at this time. We are trying to work with them," said Dave Marsh, director of governmental affairs for ISDS.

"There's a lot going on with scope of practice issues now with pharmacists being able to give vaccines. If the state opens the doors to everyone, then physicians are being affected," said Mr. Marsh.

The medical society raised some valid points in their arguments, said Mr. Marsh, particularly that dentists would be out-of-network providers, which would require billing at a higher rate outside of the patient's medical plan.

"We are not going to push it at this point. We will set up some meetings with legislators and come back and reintroduce something that might be more appropriate for everyone involved," he added.

ISDS' effort to authorize dentists to administer vaccines is in part a response to physician shortages in certain areas of the state. In a 2010 Illinois Physician Workforce report

by Northwestern University's Feinberg School of Medicine, both the ISMS and Illinois Hospital Association described Illinois as "in danger of being unable to meet even the most pressing health care needs." Just over 40 percent of the state receives a vaccine during flu season.



Dr. Howell

According to a legal opinion from the state Department of Financial and Professional Regulation, having dentists administer vaccines would require a change in the law. "It's a gray area," said Mr. Marsh, "as many dentists have advanced training that enables them to give injections, but we were advised that having dentists administer vaccines would be outside the scope of the definition of dentistry."

ISDS points out that dentists are thoroughly trained in full body anatomy and infection control, and already routinely administer injections in their own practices. In addition, the Centers for Disease Control and Prevention in 2012 stated that more than 30 million doses of flu vaccine went unused and were likely discarded. Even so, ISDS says the state medical society is concerned that having dentists administer vaccines will diminish the supply of vaccines available and undermine efforts to establish the patients' medical home.

"Neither of these arguments makes sense when the objective with this measure is to provide another convenient option for patients to be properly immunized by trained medical providers," said Dr. Howell. "The bottom line is that the state medical society simply doesn't want dentists giving vaccines." ■

—foxk@ada.org

QuickTakes

Summaries of ADA News stories published online

Dr. William Dodge named new dean of San Antonio Dental School

Dr. William W. Dodge has been named dean of the University of Texas Health Science Center at San Antonio Dental School. His tenure began April 1.

Dr. Dodge has served as dean ad interim since 2012 when Dr. Kenneth L. Kalkwarf became president ad interim. Dr. Kalkwarf is now special assistant to the president and has announced plans to retire in 2013 after 24 years as dental school dean.



Dr. Dodge

Dr. Dodge served as the dental school's vice dean since 2004 and associate dean for patient care from 1996-2003. To read the full story, go to ADA.org/news/8414.aspx. ■

Kids in Kansas City treated to GKAS care and fun

Some had simple cleanings while others needed extractions and more complicated treatments. But the 128 elementary school kids had one thing in common: their \$38,364 in care was free on Feb. 1, thanks to the University of Missouri-Kansas City

School of Dentistry observation of Give Kids A Smile in Kansas City, Mo. To read about the event, visit ADA.org/news/8422.aspx. ■

University of Michigan appoints Dr. Laurie McCauley dean

Dr. Laurie K. McCauley is the new dean of the University of Michigan School of Dentistry, and the first woman to lead

the dental school since its founding in 1875.

Dr. McCauley's five-year appointment begins Sept. 1. She succeeds Dr. Peter Polverini, who completed two terms as dean.



Dr. McCauley

Dr. McCauley is the U-M School of Dentistry's William K. and Mary Anne Najjar Professor of Periodontics and professor of dentistry, and professor of pathology in the Medical School. She served as chair of the Department of Periodontics and Oral Medicine in the School of Dentistry from 2002-12.

Read the full story online at ADA.org/news/8423.aspx. ■

Need

Continued from Page 1

dental need (8 percent) than those in two-parent families (6 percent), said the Summary Health Statistics for U.S. Children: National Health Interview Survey, 2011 report. Uninsured children (22 percent) were more than four times as likely to have unmet dental need as children with private health insurance (5 percent) and more than three times as likely as children with Medicaid or other public coverage (6 percent).

Interviewers also asked, "About how long has it been since anyone in the family last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons and all other dental specialists, as well as dental hygienists."

Non-Hispanic white children were more likely to have had a dental visit in the past six months (67 percent) than non-Hispanic black (60 percent) and Hispanic (61 percent) children. Twenty-seven percent of uninsured children had no dental visit for more than two years, including those who have never seen a dentist, compared with 12 percent of children with Medicaid and 10 percent of children with private health insurance, the report said.

The children's health report (Vital and Health Statistics Series 10, Number 254) and reports on selected health measures for the U.S. population and for adults summarize data from the 2011 National Health Interview Survey. These reports are published by the Centers for Disease Control and Prevention's National Center for Health Statistics. ■

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EDUCATION

UMDNJ slated to join Rutgers in July

Dental school becomes Rutgers School of Dental Medicine

BY KAREN FOX

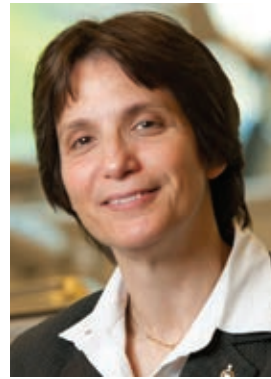
New Brunswick, N.J.—These are exciting times for the University of Medicine and Dentistry of New Jersey-New Jersey Dental School, as the school moves closer to becoming part of Rutgers, the State University of New Jersey.

As of July 1, the dental school will be known as the Rutgers School of Dental Medicine.

“The integration brings nothing but good things for us but right now we’re working to merge administrative functions, which is taking a lot of time and effort,” said Dr. Cecile Feldman, dean of UMDNJ-New Jersey Dental School.

The move is designed to strengthen dental and medical education in New Jersey. Dr. Feldman points out that Rutgers is a member

of the Association of American Universities, an organization of 60 public and private research universities whose primary focus is on funding for research, research and educational policy, and graduate and undergraduate education.



Dr. Feldman

A public institution, UMDNJ-New Jersey Dental School is the state’s only dental school. Following integration, most UMDNJ units—the dental school included—will form the new Rutgers Biomedical and Health Sciences division.

In November 2012, Rutgers University’s governing boards approved the transfer to Rutgers of most of the schools, centers and institutes that make up UMDNJ. It’s all part of the New Jersey Medical and Health Sciences Education Restructuring Act, which passed the state legislature with broad bipartisan support and was signed into law by Gov. Chris Christie in 2012.

“Integration will finally give the people of New Jersey the comprehensive public research university that they deserve,” said Ralph Izzo, chairman of the Rutgers University Board of Governors. “The new Rutgers will expand biomedical research across our state, enhance medical care for our citizens, and create new opportunities in the biotechnical and pharmaceutical industries.”

The integration offers new and exciting opportunities for the dental school, said Dr. Feldman.

“For example, Rutgers has specialized

schools of business, engineering, arts and sciences, law, nursing, criminal justice and labor relations, which bring an endless range of possibilities for joint degree programs,” said Dr. Feldman. “The integration will create new opportunities for the dental school for both educational programs and collaborative research endeavors with other parts of the Biomedical and Health Sciences division.”

Added Rutgers University President Robert L. Barchi: “Our integration teams have been working together, thoroughly and productively, toward the creation of one outstanding university that will attract the finest faculty and students, as well as significantly greater financial support from the federal government and private donors.”

The dental school has informed the Commission on Dental Accreditation of the integration with Rutgers, as is required when any dental education program merges or changes sponsorship. CODA requires the school to submit documentation that demonstrates how the program will continue to meet the accreditation standards related to administration, financial support, curriculum, faculty and facilities.

According to CODA requirements, the sponsorship of an accredited program may be transferred from one educational institution to another without affecting the program’s accreditation status, provided the accreditation standards continue to be met. The Commission will consider a request for transfer of sponsorship as long as significant aspects of the program remain unchanged following the transfer. Dr. Feldman does not believe that the dental school’s accreditation status—which is currently approval without reporting requirements—will be affected by the integration. ■

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Pankey Foundation announces student scholarship contest

Key Biscayne, Fla.—The L.D. Pankey Dental Foundation is sponsoring a video scholarship competition for dental students, “to support the dentists of tomorrow and encourage a culture of lifelong learning,” according to a March 6 news release.

Recipients receive complimentary registration to Pankey’s Sept. 19-21 annual meeting in Orlando and a stipend for travel, and will be paired with a mentor throughout the conference. The deadline to apply is May 24.

To apply, students must be in academic good standing and enrolled in an accredited dental school. They are required to sub-

mit an application form along with a video detailing why they chose to pursue a career in dentistry and explaining their personal practice philosophy.

Two additional rules apply:

- The scholarship (with a value of about \$1,300) must be used in the same calendar year in which it is awarded.

- If the winner cannot attend the annual meeting, the selection committee may award the scholarship to another applicant.

Applications should be sent to Nicole Berman at nberman@pankey.org via Drop-Box or YouSendIt by the May 24 deadline. For more information, contact Ms. Berman at 1-305-428-5500. ■

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Dental students attend economic discussion

BY KELLY SODERLUND

Minneapolis—Fresh from the dental clinic, students at the University of Minnesota School of Dentistry sat in the audience in their navy blue scrubs.

Around 135 students took time out of their busy schedules and packed course loads Feb. 28 to attend a symposium sponsored by Park Dental titled “The Economic and Workforce Trends Facing Dentistry Today.” Four

renowned dental economists and a university faculty member spoke on what the dental economy looks like today and what dental students can look forward to as they continue their careers.

“It was amazing,” said Dr. Leon Assael, dental school dean. “The speakers did a great job at looking at workforce needs and disease trends and utilization trends and looking at the way dentists are practicing now and how



Symposium panel: Panelists at the event, held at the University of Minnesota School of Dentistry, discuss how the economy is affecting the profession. The experts included, from left seated, Dr. Karl Self, Dr. Albert Guay, Dr. Howard Bailit, Dr. L. Jackson Brown and Kent Nash. Dr. Todd Marshall, standing, a Park Dental representative, moderated.

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they will be in the future.”

The panelists included Dr. Howard Bailit, Ph.D., professor emeritus at the University of Connecticut Health Center; Dr. Karl Self, director of the division of dental therapy at the University of Minnesota School of Dentistry; Dr. Albert Guay, chief policy advisor at the American Dental Association; Kent Nash, Ph.D., president of Nash and Associates, an economic consulting firm; and Dr. L. Jackson Brown, Ph.D., former editor of the Journal of Dental Education.

“It was really interesting to get an economist’s perspective on a general scale on what’s going on with dentistry and the country,” said Erik Davis, a fourth-year dental student.

Leaders with Park Dental, a large group practice in Minnesota that’s owned and governed solely by licensed dentists, proposed the symposium after reading an article in the August 2012 edition of the Journal of Dental Education, which devoted coverage to dental economics, workforce and education, said Dr. Todd Marshall, board member at Park Dental and a member of the ADA Council on Dental Practice.

“Members of our group had read the special issue and thought there were some significant points in it. We wanted to see what Park could do to bring this knowledge to a broader audience,” Dr. Marshall said. “I think it’s well-founded that students in general are not exposed to this kind of information too much within the dental school curriculum that they have, which is more clinical and developmental in focus.”

In addition to dental students and faculty, there were a number of dentists, members and leaders within the Minnesota Dental Association and current and former members of the Minnesota Board of Dentistry. The MDA has worked hard to forge a close relationship with the Minnesota School of Dentistry and Park Dental.

In 2011 and 2012, the MDA received an ADA Membership Program for Growth grant and used it to successfully grow its membership among dentists in group practice in Minnesota. In the last year, the MDA increased its market share among the three largest group practices in the state—Park Dental, Metro Dentalcare and HealthPartners—by more than 12 percent, from 60.5 percent to 72.9 percent, said Dawn Jensen, director of membership for the Minnesota Dental Association.

Ms. Jensen said leaders at Park Dental played a big role in the growth by securing MDA membership for 100 percent of their dentists.

“It was a big win for us,” Ms. Jensen said.

“That was an important step for us to make that acknowledgement that we wanted to make sure we were steadfastly behind membership in organized dentistry,” said Dr. John Gulon, president of Park Dental. “We’re committed to doing our part to joining our brothers and sisters in the profession to advance the needs of the profession, which will ultimately serve the patients more productively.”

University of Utah School on Alcoholism and Other Drug Dependencies promises full lineup of speakers and workshops

BY KELLY SODERLUND

Salt Lake City—Sessions on the neurophysiology of addiction, preventing a relapse and whether dental professionals are more susceptible to addiction top the agenda for the 62nd annual session of the University of Utah School on Alcoholism and Other Drug Dependencies.



Dr. Murray

The six-day school is scheduled for June 16-21 and has sections for dentists, pharmacists, nurses and physicians, among others. The goal is to educate medical professionals about addiction within themselves and their colleagues, how to spot and handle it in their patients and training and resources for interventions, treatment and professional guidance. It also helps them understand that not all is lost in their career and their personal lives if they seek help for drug or alcohol dependency.

“Today there are few people, professions or occupations that are not impacted by alcoholism and drug addiction. Dentistry is no exception,” said Dr. John Murray, a New Jersey dentist who helps lead the dental section at the school. “From the addicted patient to the impaired professional, addiction cuts a wide swath across our profession. If you want or need to learn more about the subject then the Utah School is the place to be in June. You won’t be disappointed.”

New topics this year include:

- “Synthetics: The New Face of Drug Abuse,” presented by Patrick Sammon, Ph.D.

- “The Neurophysiology of Addiction,” presented by Kevin McCauley, M.D.

- “Comparing and Contrasting the DNA of an Addicted and Non-addicted Dentist,” presented by Dr. William Claytor.

The ADA has taken an active role in supporting well-being among dentists and will hold the Conference on Dentist Health and Well-

Being on Sept. 19-20 at ADA Headquarters in Chicago. The ADA also continues to hold webinars on treating pain and opioid addiction through a sub-award 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 three-year grant to create webinars and training on treating pain and opioid addiction.

The ADA will also send a staff representative

to the Utah school, which helps the Association design dentist well-being programs.

Tuition is \$410 and participants are eligible to receive 26 hours of continuing education credits. For information on the program and how to register, visit medicine.utah.edu/uas/index.htm. Those with questions can contact Dr. Murray at dent74@aol.com, the University of Utah’s Susan Langston at Susan.Langston@hsc.utah.edu, or Alison Siwek, ADA manager of dental health and wellness, at siweka@ada.org. ■

Symposium

Continued from Page 14

The next goal for the MDA is developing a benefits package for dentists in the large group practices. Ms. Jensen hopes it will reinforce the value of membership in organized dentistry and the position of the MDA as an advocate for employee dentists. MDA leaders will meet with a group of 12 dentists practicing with Park Dental, HealthPartners and Metro Dentalcare to update them on current issues in dentistry and the benefits available to members.

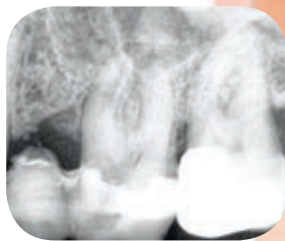
The MDA will also meet with a consultant or facilitator in hopes of creating marketing objectives to track the association’s membership growth and retention for the next three years, Ms. Jensen said.

With Bank of America, the state dental association helped plan another symposium March 26 on life after graduation. The goal was to help dental students understand their options on whether they should buy a practice or start one from scratch, Ms. Jensen said.

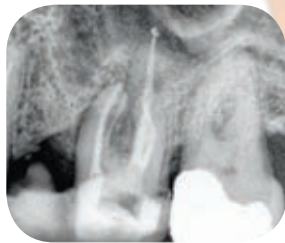
The state association is also working to schedule evening courses on practice management for students who feel like they don’t receive enough business education while they’re focusing on their clinical work, Ms. Jensen said. Members of the University of Minnesota’s American Student Dental Association chapter serve on MDA committees and have votes that carry the same weight as traditional MDA members, she said.

MDA leadership also meets with students several times a year to discuss any issues they might have in dental school and hear what the students feel the current hot topics are, Ms. Jensen said. ■

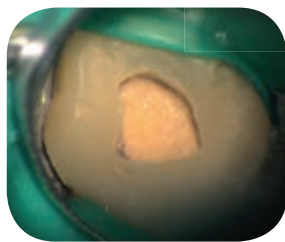
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Pre-operative radiograph



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Photos Courtesy Dr. Godfrey Cutts

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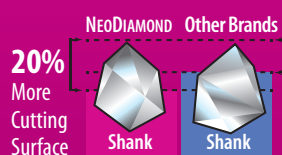
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BY KAREN FOX

Irvine, Calif.—The Successful Women in Dentistry conference, highlighting the inspiring achievements women have made in dentistry, is set for June 22 here.

Organized by Pacific Dental Services, the conference will benefit the National Children's Oral Health Foundation.

Speakers and topics include Dr. Kathleen T. O'Loughlin—Outlook for Women in Dentistry; Dr. Lee Ann Brady—Posterior CEREC CAD/CAM Techniques and Materials; Dr. Cheryl Sheets—Implant Diagnosis and Restorations; Dr. Cari Callaway-Nelson—Lifestyle Balance; and Dr. Lindsey Robinson—Opening Remarks. Brief biographies follow:

- Dr. O'Loughlin, ADA executive director and chief operating officer, is the keynote speaker. Prior to joining the ADA, Dr. O'Loughlin served as the chief dental officer for United Health Group and president and CEO of Delta Dental of Massachusetts. She practiced dentistry for more than 20 years in Massachusetts while serving as an assistant clinical professor at Tufts University School of Dental Medicine in the Department of General Dentistry as a course director. She is a trustee of Tufts University and is a member of the Board of Overseers for Tufts Dental School.

- Serving as master of ceremonies at the conference is Dr. Brady, a private practice dentist, educator and writer. From 2005-08, Dr. Brady held the positions of resident faculty and clinical director for The Pankey Institute. In 2008, she joined Dr. Frank Spear in the formation of Spear Education in Scottsdale, Ariz., where she served as executive vice president of clinical education until 2011. As director of education and president of Lee Ann Brady LLC, she launched her website www.leeannbrady.com, offering clinical and practice content

and live education programs. Dr. Brady is the clinical editor for the Seattle Study Club Journal and a guest faculty member at The Pankey Institute.

- Dr. Sheets maintains a full-time private practice in Newport Beach, Calif., for esthetic rehabilitative dentistry. Dr. Sheets is an educator, clinician, author and researcher and has received numerous awards, including the 2002 Gordon Christensen Award for Excellence in Lecturing; the 2004 University of Southern California School of Dentistry Alumnus of the Year Award; and the 2012 American Association of Women Dentists' Lucy Hobbs Taylor Award for Lifetime Achievement. She is co-executive director of the Newport Coast Oral Facial Institute, a clinical professor of Restorative Dentistry at USC, chair emeritus of The Children's Dental Center, and founding chair of the National Children's Oral Health Foundation.

- Dr. Callaway-Nelson has nearly 14 years of clinical experience and currently resides in Nevada, where she owns three dental offices in Reno and Las Vegas. Dr. Callaway-Nelson is also a graduate of the Sirona Speakers Academy and teaches classes on CAD/CAM Dentistry and Case Acceptance.

- Dr. Robinson is president of the California Dental Association. A pediatric dentist with more than 20 years of experience, she owns a practice in Grass Valley, Calif., and has served as a CDA volunteer since 2003.

Successful Women in Dentistry takes place at the Pacific Dental Services Institute in Irvine. When registering, use promotional code SWIDADA and receive the \$95 early registration fee. There is complimentary admission for dental students but a limited number of seats available. Register online at www.pacificdentalservices.com/swid.

Conference sponsors include Ivoclar Vivadent, Nobel Biocare, Crest Oral-B, Sirona and Henry Schein. ■

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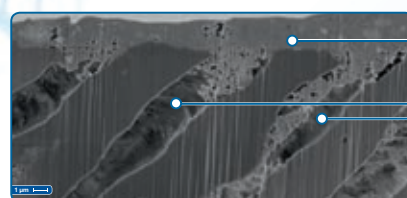
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In vitro SEM image of dentin cross section after a single brushing.

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Layer over exposed dentin
Layer penetrates within the tubules at the surface

References:

1. Earl J et al. Am J Dent 2013, Special Issue A. In press.
2. Burnett G et al. Am J Dent 2013, Special Issue A. In press.
3. Parkinson et al. Am J Dent 2013, Special Issue A. In press.

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ADA New Dentist Conference coming to Denver in July

Denver—Register for the ADA 27th New Dentist Conference by May 24 and become eligible to win early bird sweepstakes prizes.

The conference takes place July 18-20 at the Four Seasons Hotel in Denver—offering up to 15 hours of continuing education, a full day of leadership development, an emerging speakers track and a baseball night at Coors Field.

By registering before May 24, you could win one complimentary registration for the conference; three nights lodging at the Four Seasons Hotel (July 17-20); two complimentary registrations to ADA Annual Session in New Orleans (Oct. 31-Nov. 3); or three nights lodging at the Sheraton New Orleans (Oct. 31-Nov. 2).

To register, visit the website ADA.org/newdentistconf. ■



Code Maintenance Committee encourages public input, collaborative discussion

BY KELLY SODERLUND

Two days and 90 change requests later mean that CDT 2014 will more than ever before incorporate contributions from all sectors of the dental community.

That's the sentiment members of the Code Maintenance Committee walked away with after the group's meeting Feb. 28-March 1 at ADA Headquarters in Chicago. The 16 CMC member organization representatives began the meeting by encouraging observers to comment on the requests for change to the Code on Dental Procedures and Nomenclature. The observers were then invited to stay as the CMC discussed and voted on the requests.

The committee's goal, set by the Council on Dental Benefit Programs, is to foster a collaborative environment where representatives with differing interests in dentistry can come together to develop and maintain the CDT Code. Because of the CMC's broad representation, the conversation and vote is even more inclusive than in recent years.

"This process really benefits ADA members," said Dr. Andrew Vorrasi, chair of CDBP's Subcommittee on the Code. "They're getting a better vetted product than perhaps they were before. It's more productive having this kind of atmosphere."

Other stakeholders in the process agree with Dr. Vorrasi's assessment that since the ADA launched a new process for maintaining the CDT Code in 2012, the discussions have been more positive, friendly and productive. The CMC comprises representatives from the ADA, third-party payers, specialty and general dentistry organizations, and dental education.

"The most recent CMC meeting was an open, informative process, which provided opportunities for public input, professional collaboration and consensus, all with the ultimate goal of maintaining a HIPAA-compliant code set," said Dr. Charles Stewart, regional dental director for Aetna Dental and chair of the National Association of Dental Plans'



Hands up: Members of the Code Maintenance Committee vote at the meeting, which was held Feb. 28-March 1 at ADA Headquarters in Chicago.



Listening environment: Dr. Andrew Vorrasi, chair of the Council on Dental Benefit Programs Subcommittee on the Code, listens to public comments at the Code Maintenance Committee meeting.

CDT Workgroup.

Fifteen people came to participate in the public forum and to observe the CMC's decision-making process. The observers and commenters represented the American Society of Dental Anesthesiologists, Dr. Charles Blair & Associates, Pacific Dental Services, Perio Protect LLC and Blue Cross Blue Shield of Illinois. Several participants spoke in favor or against certain change requests, and several people also took advantage of an option to call into the meeting to listen to the proceedings.

"I think there is a general sense among the specialists that we are now actually involved in the CDT Code decision-making process," said Dr. Norman Nagal of the American Association of Orthodontists. "Before, the discussions seemed more confrontational or, at best, not very collegial. Now, we all seem to work in an atmosphere that promotes consideration for all viewpoints. The discussion seems more upbeat and consensus seems to be reached rather easily. I, for one, am truly excited at the positive evolution of the main-

tenance process. Kudos to the ADA for taking this bold but positive step."

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.

A draft summary of the actions taken at the meeting can be found online at www.ada.org/3827.aspx. The final action report will be posted on the website soon and accepted changes will be incorporated in the 2014 version of the CDT Code.

The ADA plans to hold a forum on the CDT Code at the Annual Session in New Orleans Oct. 31-Nov. 3. ■

—soderlundk@ada.org



Observe and record: Tanya Dunlap, program development director at Perio Protect, comments on a Code change request. Ms. Dunlap was one of 15 people who observed the meeting.



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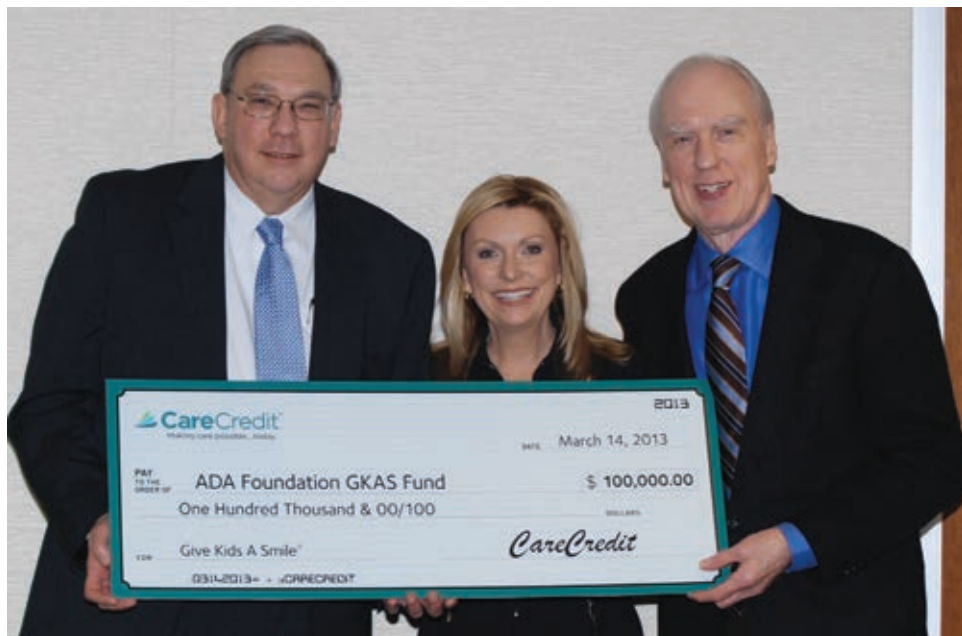
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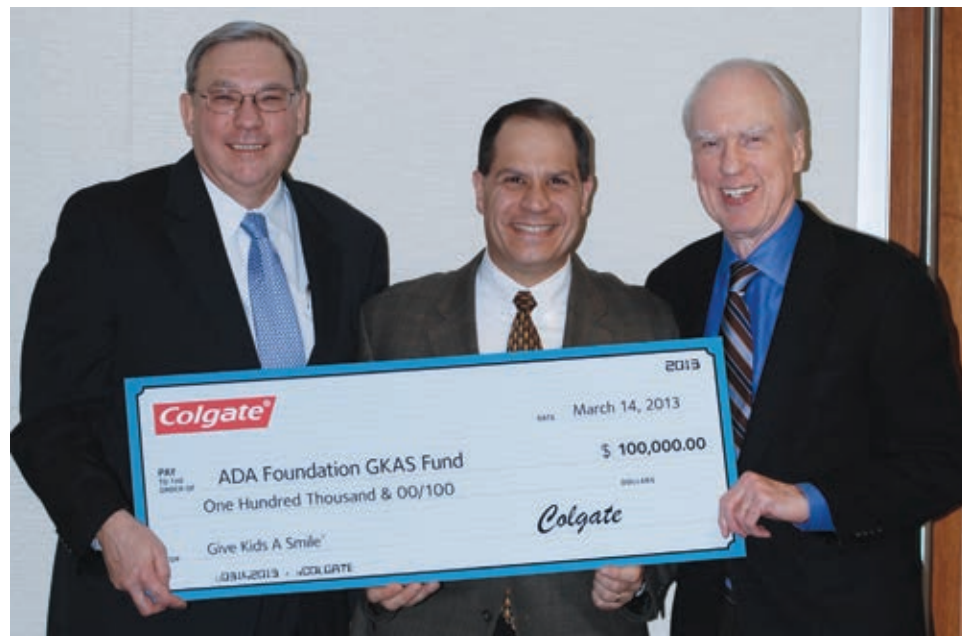





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CareCredit and Give Kids A Smile: Cindy Hearn, center, presents a check from CareCredit to ADA Foundation Executive Director Gene Wurth, left, and ADA Foundation Board of Directors President Dr. David Whiston for Give Kids A Smile. Ms. Hearn, senior vice president, Brand Strategy, CareCredit and a member of the ADA Foundation Board of Directors and the GKAS National Advisory Committee, presented the \$100,000 check at the ADAF's March 14 board meeting at ADA Headquarters. The donation will be used for GKAS and related outreach efforts.



Colgate and Give Kids A Smile: Dr. Fotinos Panagakos, center, presents ADA Foundation Executive Director Gene Wurth, left, and ADA Foundation Board of Directors President Dr. David Whiston with a \$100,000 check from Colgate for the ADA Foundation's Give Kids A Smile Fund. Dr. Panagakos, global director, Scientific Affairs, Colgate, and a member of the ADA Foundation Board of Directors, presented the check at the ADAF's March 14 meeting at ADA Headquarters. The donation will be used for GKAS outreach efforts.

Tarrson

Continued from Page 1

students do the heavy lifting, treating patients under the auspices of volunteer faculty, including providing oral exams, oral hygiene instruction, simple and deep cleaning, basic restorative procedures and monthly endodontic treatments.

"What's great about the clinic is that it's run by the students, and it regenerates enthusiasm every year because they're in charge instead of the faculty," Dr. Silverstein said. "Winning the award and national recognition really motivates them to continue in community service. They are just thrilled. It's highly motivational when you get recognized by a prestigious group like the American Dental Association Foundation."

Ryan Ray Dela Cruz, a third-year dental student who is the clinic's director, concurred. He said that he and his fellow dental students are very grateful to the ADA Foundation, and he hopes that UCSF might attract additional



Lending a hand: UCSF dental students Osvaldo Amezcua (left) and Pamela Bui, volunteer coordinators at the UCSF Community Dental Clinic, put away supplies after a session at the clinic.

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resources as word spreads about the Bud Tarrson Award.

"We want to be able to publicize this, the fact that it's gotten acknowledgment from the ADA Foundation," he said. "Hopefully that'll influence other organizations, other resources, that didn't really know about CDC, but now they know about it because of this award."

The Bud Tarrson Dental School Student Community Leadership Award recognizes one out-

standing dental student-organized volunteer project and provides a \$5,000 award in support of the project. The ADA Foundation created the award in 2003 in honor of Bud Tarrson, former chief executive officer and owner of the John O. Butler Co. and an oral health philanthropist. His widow, Linda Tarrson, continues to be actively involved in the program as a way to honor his memory.

The Community Dental Clinic at UCSF treats homeless patients who are referred to the clinic by way of relationships with local social services agencies, Dr. Silverstein said. The patients are all working on improving themselves through drug rehabilitation, job preparedness and other such programs.

The need exceeds the ability of the clinic to serve all of the client referrals, he added.

"We limit the patients to about six appointments because we are overwhelmed," he said. "Like in most states, the adult Medicaid program has been eliminated in California. So there's a huge demand from clients. It's the only program in the dental school where we don't charge. It's mainly basic primary care."

UCSF provides the primary financial support for the clinic, Dr. Silverstein and Mr. Dela Cruz said. "We pretty much solely rely on that money that is set aside for us," Mr. Dela Cruz said.

The Bud Tarrson Award will relieve some of the financial pressures, they said. The students are still planning how to use the funds, but Mr. Dela Cruz said top ideas include purchasing materials that ordinarily require waiting for donations from laboratories.

"We have a long wait list of patients who need crowns," he said. "Every quarter we're limited by the number of crown donations we get each month. That's about two or three each month. So that's one of the top suggestions for using this money, to get crowns and stay plates. We definitely have other ideas as well. For example, our extraction instruments, we're pretty short on those."

Mr. Dela Cruz, who has plans to become a general dentist, was closing out his term as the clinic's director at press time. He will continue working at the clinic during his final year of dental school, he said. He has fond memories of leading the clinic for a year as director.

"The best part about it is when you actually finish a patient's treatment plan and they're thanking you," Mr. Dela Cruz said during a March 20 interview. "To me that's the best feeling. That's the best thing I can take out of this. This is actually my last week as director, so it's very bittersweet that I'm saying this."

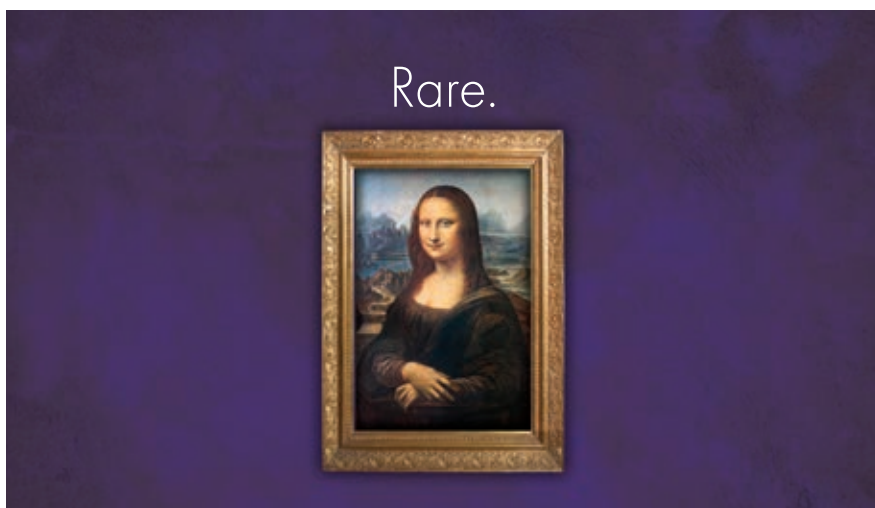
Last year, the ADA Foundation created the Dr. Thomas J. Zwemer Award, a companion award to the Tarrson Award that recognizes and encourages dental student programs serving underserved populations outside of the United States. The award is also \$5,000 in support of the school.

The inaugural Zwemer Award was presented to the Stony Brook School of Dental Medicine for its Madagascar Ankizy Fund. More information on this award will be published in an upcoming issue of ADA News.

Dr. Richard Simms, a former ADAF board member and past ADA vice president, created and endowed the award in 2012 in honor of his mentor and longtime friend, Dr. Zwemer. Dr. Simms practices in Harbor City, Calif.

For more information about the Tarrson Award, the Zwemer Award or other ADA Foundation programs, visit www.adafoundation.org.

—williamsj@ada.org



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World Oral Health Day celebrated

NASDAQ bell rings to mark the day

New York—Sponsors and supporters of the FDI World Dental Federation's World Oral Health Day launched the U.S. observance March 20 by opening the NASDAQ stock market in Times Square.

Stanley M. Bergman, chairman of the board and chief executive officer of Henry Schein Inc., was joined for the NASDAQ open by Dr. Kathryn Kell, a general dentist in Davenport, Iowa, and treasurer of the FDI World Dental Federation; Dr. Steven Gounardes, a general dentist in Brooklyn, N.Y., and ADA 2nd District trustee; representatives from World Oral Health Day global sponsors Listerine Brand and Unilever; and other leading dental professionals to recognize the integral importance of oral health to total health.

"As the world's largest provider of dental solutions to oral health practitioners we are committed to partnering with the global dental profession to enhance oral health care around the world," said Mr. Bergman. "Through Henry Schein Cares, our global corporate social responsibility program, we are committed to participating in public-private partnerships that help to advance oral health care and other complex global health issues. We are grateful to the NASDAQ for providing us with an important platform for global visibility, as we open the stock market in celebration of World Oral Health Day, and we are grateful to our partners for our shared commitment to achieving optimal global oral health."

"We applaud the commitment of Henry Schein, as well as our global sponsors of World Oral Health Day, Listerine Brand and Unilever, and the American Dental Association for coming together to help raise the visibility of World Oral Health Day 2013," said Dr. Orlando Monteiro da Silva, FDI president. "Through the shared commitment and visionary leadership of these organizations

See WOHD, Page 23

At NASDAQ: Presiding over the opening bell in honor of World Oral Health Day March 20 are, from left, Jim Breslawski and Stanley M. Bergman, Henry Schein Inc.; Dr. Kathryn Kell, FDI treasurer; and Dr. Steven Gounardes, ADA 2nd District trustee.



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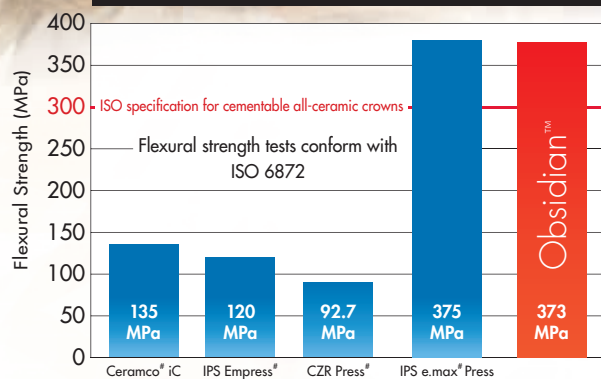
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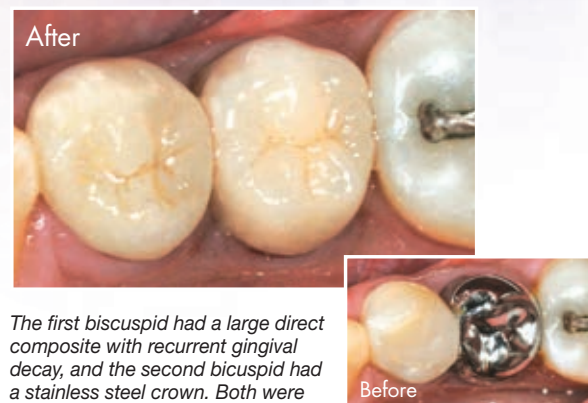
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Noritake CZR Press data cited from: www.noritake-dental.co.jp/materials/features/czr_press.html
IPS e.max Press data cited from: Berge HX, Sorensen JA, Edelhoff D. Split energy factor theory in fracture analysis of dental ceramics. J Dent Res. 2001;80:57.
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Times Square scene: The NASDAQ sign makes a splash for World Oral Health Day March 20.

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LEGAL

Dental board, dentists sue DentalCare Partners Inc.

BY KELLY SODERLUND

Raleigh, N.C.—The North Carolina State Board of Dental Examiners and 14 individual dentists filed two separate lawsuits on Feb. 18 against DentalCare Partners Inc., an Ohio-based company that owns and operates 27 DentalWorks practices in the state.

The suits allege that the company is practicing dentistry without a license and interfering with dentists' clinical decisions, resulting in unwarranted treatment and excessive billing. The complaints also contend that DentalCare Partners is violating a provision of the North Carolina Dental Practice Act that states only a dentist licensed by the dental board can own or operate a dental practice. Also named in the suits are Dental One Inc., a Texas corporation, and numerous related limited liability companies estab-

lished to own and operate the dental practices.

In addition, the 14 plaintiff dentists, who have partnership interests in DentalWorks practices, claim breach of contract. They contend that DentalCare Partners exceeded its legal authority by exercising excessive control over their practices and in some instances, interfered with their ability to make independent decisions regarding patient care. The dentists claim that they took their concerns to the den-

tal board to stop this alleged misconduct.

DentalCare Partners, the parent company of dozens of dental practices in 14 states, denies any wrongdoing alleged in the lawsuits and contends that the lawsuits have no merit. It states that it will vigorously defend the lawsuits and is confident that it will be shown to have operated in accordance with North Carolina law.

The same day the lawsuits were filed, a Wake County Superior Court judge, at the

request of the dental board, granted a temporary restraining order enjoining the defendants from further violations of the Dental Practice Act. The order also prohibited the individual dentists who were named as defendants, including the 14 who brought the companion lawsuit, from assisting DentalCare Partners in owning, controlling or managing any dental practice within North Carolina, other than maintaining the status quo. ■

Practical Guides offer advice

Take a pragmatic approach to dentistry with the ADA Practical Guides, a series of professional resource products.

All ADA professional resources are available at 15 percent off with promotional code 13105 through April 30.

Here are details about the series:

- The ADA Practical Guide to Effective Infection Control (P692) covers sound infection control practices for dental offices. The 40-minute DVD is \$135 for members and \$202.50 for



nonmembers.

- The ADA Practical Guide to Patients with Medical Conditions (P031) addresses the safe delivery of coordinated oral health care for patients with medical conditions. The guide includes more than 200 images and more than 75 tables (\$59.95, members; \$89.95, nonmembers).

- The ADA Practical Guide to Dental Office Design (P091) offers advice on designing and building a new practice. It covers topics ranging from architecture and interior design to ergonomics and environmental best practices. It also includes more than 100 color photographs (\$89.95, members; \$134.95, nonmembers).

Also available:

- The ADA Practical Guide to Dental Office Design print and e-book bundle (P091B). Members, \$99.95; nonmembers, \$144.95.

- The ADA Practical Guide to Dental Office Design e-Book (P091D). Members, \$59.95; nonmembers, \$89.95.

For more information, visit ADA catalog.org or call 1-800-947-4746. ■

PRODUCT NEWS



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April is National Facial Protection Month

Dentists nationwide can help patients play it safe with sports safety precautions

BY STACIE CROZIER

Attention ADA member dentists: April is National Facial Protection Month, and it's time to team up with athletes, parents and coaches to raise awareness about the importance of guarding against dental and facial injuries.

The ADA has joined the American Association of Orthodontists, the American Association of Oral and Maxillofacial Sur-

geons, the American Academy of Pediatric Dentistry and the Academy for Sports Dentistry as a National Facial Protection Month sponsor.

From team sports like football, baseball and hockey to recreational fun like biking and rollerblading, children



and adults alike spend a lot of time and money gearing up for an active lifestyle, but one important piece of equipment—a mouthguard—is often overlooked.

Statistics from the U.S. Centers for Disease Control and Prevention show that more than half of the seven

million sports- and recreation-related injuries that occur each year involve children as young as 5 years old. The National Youth Sports Safety Foundation reported that athletes who don't wear mouthguards are 60 times more likely to damage their teeth—yet, in a survey commissioned by the AAO in 2009, 67 percent of parents admitted that their children do not wear a mouthguard during organized sports.

The AAO survey also found that 84 percent of children do not wear mouthguards while playing organized sports because they are not required to wear them, even though they may be required to wear other protective materials, such as helmets and shoulder pads.

At a time when a good football helmet or hockey stick may cost \$200 each, mouthguards can be one of the least expensive pieces of protective equipment available.

"It's important for dentists to encourage their patients to wear a mouthguard because all it takes is one elbow to the jaw or a stray puck to the mouth to destroy their smile," said Dr. Ruchi Nijjar Sahota, an ADA spokeswoman who practices general dentistry in Fremont, Calif. "Dentists should talk to their patients about the variety of mouthguards available and help them select what's best for them."

Dentists can also advise their active patients to wear helmets, protective eyewear and face shields when appropriate.

The ADA offers a variety of resources that dentists can use during National Facial Protection Month, including the Sports Safety brochure.

This six-panel handout highlights the essential role mouthguards play in helping prevent mouth and jaw injuries. It covers how to find a guard that fits, how to take

care of the appliance and considerations for patients with orthodontia. The patient education tool also drives home the point that the best guard is one custom-made by your dentist and includes a list of dental emergency procedures to tear off and save.

A pack of 50 brochures is \$26 for members and \$39

for nonmembers and is available from the ADA Catalog. For a limited time, save 15 percent on all ADA Catalog purchases with promotional code 13120. Offer expires April 30. Order today at adacatalog.org or by calling 1-800-947-4746.

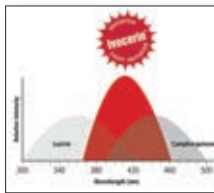
Patients can also find a variety of information and resources on facial protection and mouthguards at MouthHealthy.org.

Other handouts and links that dentists can use to mark National Facial Protection Month are available at AAOMS.org. ■

—croziers@ada.org



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GIVE KIDS A SMILE

GKAS/NASCAR event revs up schoolchildren

Community partners help set the pace for better oral, overall health

BY STACIE CROZIER

Jurupa Valley, Calif.—Racy cars and healthy smiles hit the fast track at Troth Elementary School March 21, as the Give Kids A Smile/NASCAR oral health education campaign drove its message home to about 950 schoolchildren.

Only 10 miles from Auto Club Speedway in Fontana, the school event was held in con-

junction with NASCAR's Auto Club 400 race March 24. Troth Elementary Principal Jose Campos said that children and teachers alike enjoyed the unique event.

"The GKAS/NASCAR event was an extraordinary event that not only highlighted the message of good oral health but also reinforced overall good health," said Mr. Campos, principal. "At Troth Street we have for two years worked on an initiative, Healthy Bodies/Healthy Minds, and our partnership with the Riverside Community Health Foundation has reinforced this initiative across the city. Oral health is reinforced every year with the foundation and is critical to good health. The event served as a reminder to our students and community of how important oral health is and how easy it is to achieve. Students were thrilled and in awe of this spectacular event and will always remember to brush two minutes, twice a day!"

A Title 1 school some 50 miles east of Los Angeles, about 90 percent of Troth Elementary School's students qualify for free/reduced lunch and 94 percent are Hispanic. The community health initiative resulted in constructing a brand new track that children walk or run on during daily physical education classes to providing education about the importance of healthy diet and good habits, said Dr. Ernest Garcia, a Marysville, Calif., dentist, board member of Oral Health America and GKAS National Advisory Committee member. Dr. Garcia was on hand to help provide oral health education at the GKAS/NASCAR event.

"I have never seen kids so excited as when they revved up the engine of the race car (a show car replica of NASCAR driver Greg Biffle's No. 16 3M Ford Fusion). The kids went crazy. Each class even had their picture taken with the car during the event."

Dr. Garcia said he was proud to see Jurupa Valley Mayor Verne Lauritzen, city council members and the school superintendent join the ADA, Oral Health America, Riverside Community Health Foundation, the Tri-County Dental Society and GKAS/NASCAR sponsors in supporting and attending the event.

"Everyone who spoke had an oral health message," Dr. Garcia said. "Even Mayor Lauritzen talked about the importance of brushing, flossing and dental visits. It was an awesome day."

In keeping with the school's mission to emphasize good health, most students had received dental screenings prior to the event and about 140 students received dental sealants through the Riverside Community health Foundation's Miles of Smiles program during the event.

RCHF Vice President Ninfa Delgado said that although Troth Street is located in an underserved area and has limited resources, the staff has done "an amazing job incorporating health into its school culture, recognizing the important role it plays in a child's academic success."

"The event was such an exciting way to reinforce the message of health Troth Street and our Miles of Smiles program provides to students, as well as a tremendous way to inspire students and parents to recognize the important role oral health plays in overall health," said Ms. Delgado. "In addition, Jurupa Valley is a newly incorporated city, only about a year old, so the community was excited to have a national event highlight the efforts of the city and schools. I don't think it's a day any of us



Smile! A class from Troth Street Elementary poses for a commemorative shot with 3M mascot Pit Bull and Greg Biffle's No. 16 3M Ford Fusion show car during the event.

will forget soon."

NASCAR's Greg Biffle was thrilled that the program was able to reach so many children in one morning.

"It's important for kids to learn about the importance of good oral health at a young age," said Mr. Biffle. "Knowing we can help make a positive impact is really exciting for me. Kids sometimes need more education and positive reinforcement to have and maintain good dental health. And bringing a NASCAR show car—it's an easy way to reach a kid's heart. Bringing a race car helps get their full and undivided attention!"

Volunteers from Tri-County Dental Society, a component that supports dentists in Riverside, San Bernardino and East Los Angeles counties, were also on hand for the event.

"It was exciting to see how most of the children are well aware of oral health care and the importance of it," said Monica Chavez, GKAS/community outreach coordinator for the Tri-County Dental Society. "Most, if not all the students knew how many times they needed to brush and for how long. They knew what was good for them to eat and what was not. If we keep on educating children especially at this age, then one can only hope that when they reach adulthood, they'll have good oral health and will pass this education down to their children."

Mr. Biffle feels part of his role as a GKAS spokesman and advocate is also to encourage adults to be good role models for the children in their lives.

"I have a daughter and I know how important good oral health is for children," Mr. Biffle said. "I think you look at good oral health in a different way when you're a parent and realize how important it is. You want to make an impact on your own child when she's young. Everything kids learn, good or bad, they learn

from parents or other adults so you have to be a good role model. We need more positive role models in this country. I feel I can reach a lot of kids whose dental health may have been overlooked or those whose parents just didn't understand what or how to teach them, and give them a positive message about how important it is. Hearing the information from someone other than a parent may help, too."

Mr. Biffle said his daughter Emma, age 2, already loves to brush her teeth.

"It's a good thing. She really loves brushing," he said. "My wife has a power brush and Emma thinks that's really cool. She even hums while she brushes her teeth. She is learning by example."

GKAS/NASCAR sponsors include the ADA and ADA Foundation, Henry Schein Cares, CareCredit and 3M ESPE Dental. In 2011, they joined forces with Greg Biffle and 3M Racing to take the Give Kids A Smile program to the NASCAR audience. The program expanded with additional events in 2012, and based on the success of the effort, will reach 600,000 individuals with oral health messages in 2013. See the list of events online at ada.org/news/8301.aspx.

"For more than 25 years, CareCredit has given patients new and innovative ways to access the care they want, so they can take care of themselves and their families and enjoy life more. CareCredit is pleased to support the GKAS/NASCAR education event at Troth Elementary and provide fun and entertaining oral health education to more than 900 children."

Watch the ADA News for future coverage, visit the GKAS Facebook page (facebook.com/GiveKidsASmile) or follow GKAS on Twitter at #gkas or #givekidsasmile. ■

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Prosthodontics awareness week is April 7-13

April 7-13 is National Prosthodontics Awareness Week, a fourth annual focus on the role that prosthodontists play in helping people maintain proper oral health.

NPAW is a campaign of the American College of Prosthodontists, which offers a downloadable toolkit on its website for promoting the specialty locally



and nationally. The toolkit features suggestions for activities to promote NPAW locally.

ACP also promotes its Go to a Pro slogan and website, www.gotoapro.org, where patients can search for prosthodontists in their

communities. For more information about ACP and NPAW, visit www.prosthodontics.org or www.gotoapro.org. ■

WOHD

Continued from Page 19

and others, we look forward to achieving our goal of 'Healthy Teeth for Healthy Life.'"

"Our message reflects the major contribution of oral health to our overall health and lives," said Dr. Gounardes. "Around the world, FDI member dental associations, schools, companies and other groups will be able to celebrate the day with events organized under the single, unifying and simple message. The American Dental Association is proud to be a member of the FDI and join with them on this important and momentous occasion."

The ADA also marked the observance at a Give Kids A Smile/NASCAR oral health education event March 21 at Troth Street Elementary School in Jurupa Valley, Calif. (See story, Page 22.)

With a NASCAR-themed backdrop, more than 900 students, from pre-K through sixth-graders, participated in the interactive program designed to help them get their oral health on track. The education program showcased the Ad Council oral health message to brush for two minutes two times a day (2min2x.org), flossing, visiting the dentist and making smart food choices to protect their dental health. Troth Street elementary students also saw NASCAR driver Greg Biffle's No. 16 3M Ford Fusion show car and met representatives from his racing team during the event.

"Our mission is to foster the success of our diverse membership and advance the oral health of the public," said Dr. Robert A. Faiella, ADA president. "World Oral Health Day gives us an important opportunity to share this message of total health with the global community."

World Oral Health Day was created at the 2007 FDI Annual World Dental Congress in Dubai to raise awareness of the importance of healthy teeth, gums and mouths.

Mr. Bergman opened the NASDAQ Market at 9:30 a.m. March 20 and the event aired live on CNBC. For more details from the ADA, visit the Give Kids A Smile Facebook page, facebook.com/GiveKidsASmile or follow @ADANews or @AmerDentalAssn on Twitter.

For multimedia features such as exclusive content, photos, status updates and video of ceremonies please visit facebook.com/NASDAQ or follow on Twitter at twitter.com/nasdaqomx. ■



Planning

Continued from Page 1

in May. Requesters who live outside of the U.S can request a copy of the Preliminary Program from the ADA Division of Global Affairs by emailing international@ada.org.

Registrants can also use eventScribe (ada.org/session/8077.aspx) to search for courses. Users can search for courses by course number, course title, category/track, audience, date, speaker or keyword. When CE course handouts become available on eventScribe later this year, registrants can enter their email address and registrant ID to download them.

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

Dental Quality Alliance seeks ambassador applicants

There's still time to apply to be an ambassador for the Dental Quality Alliance.

The DQA wants to find, develop and mentor around 100 leaders nationwide, transforming them into dental quality ambassadors to promote quality improvement and educate the dental community. 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 quality measurement.

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

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.

The DQA, formed in 2008 through a request from the Centers for Medicare and Medicaid Services, comprises multiple stakeholders from across the oral health community who are committed to development of consensus-based quality measures. For more information, visit ADA.org/dqa. ■

X-tra fil

Packable Posterior Bulk Fill Composite
Cure 4mm in 10 sec.

- Use with Futurabond DC to bond, sculpt and cure a 4mm MOD restoration in less than 150 sec.
- 86% filled for excellent wear resistance
- Low 1.7% shrinkage for tight margins
- High radiopacity (330% Al) for easy x-ray identification
- No extra noisy and expensive equipment required
- Available in syringes and unit dose caps

X-tra base

Flowable Posterior Bulk Base Composite
Cure 4mm in 10 sec.

- 4mm cure in 10 sec. saves time*
- Low shrinkage stress allows bulk fill speed
- High strength makes it suitable for open and closed sandwich technique
- Smart self-leveling properties for excellent wall adaptation without slumping out of maxillary restorations
- High radiopacity (350% Al) for easy x-ray identification
- Available in patented NDT (Non Dripping Technology) syringes or unit dose caps with extra long bendable needle tip
- Available in shades A2 and Universal

*Universal shade



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- Stops gingival bleeding and seepage that may interfere with impression taking
- Fast-acting
- Great for tissue management when seating restorations, placing rubber dams, bleaching teeth and restoring subgingival cavities
- Light green color makes the material easy to detect
- Fraction of the cost of other retraction materials



New! Dryz™ is terrific for use alone or in conjunction with retraction cord and compression caps. Dryz stops gingival bleeding and seepage from gingival crevicular fluid that may interfere with impression taking. Dryz is not only fast-acting, but it's also just a fraction of the cost of all other retraction materials on the market!

The light green color of Dryz contrasts nicely with gingiva, blood and tooth structure, making it easy to detect where the material has been placed. Dryz is also easily removed with an air/water syringe and leaves no residue to interfere with impressions or seating of restorations.

Using Dryz is a Breeze!

Prior to taking your impression, rinse and dry the prep. Isolate the area and simply syringe Dryz into the sulcus directly from the syringe (we don't make you purchase a dispensing gun for extruding the material). Dryz will create a nice space between the gingival tissue and tooth surfaces while controlling any bleeding with its aluminum chloride.

If you prefer, you may also use compression caps for a little more "push" into the sulcus. Then, just let the material sit for a few minutes (depending on the amount of hemostasis that's necessary), rinse thoroughly, dry and make your impression!

Dryz is also great for tissue management when you're seating restorations, placing rubber dams, bleaching teeth and restoring subgingival cavities.

You be the judge— Dryz comes with a 45-Day Risk-Free Trial!*

If you're not completely satisfied, just call us. We'll pick up the material and give you a full refund, including the ground shipping charges.*

* 45-Day Risk-Free Trial: If you're not satisfied, call us within 45 days. We'll have it picked up at our expense, and give you a full refund—including your original ground shipping charges (Express shipping will not be reimbursed). Trial offer valid only when product is purchased directly from Parkell, Inc.

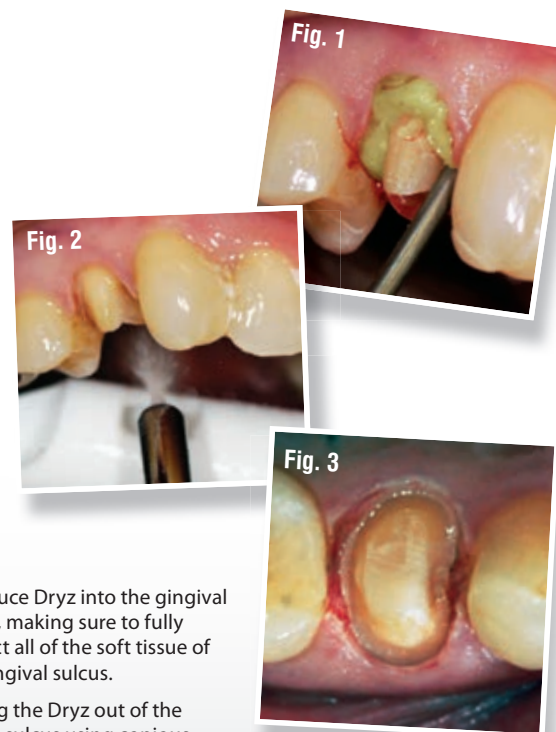


Fig. 1: Introduce Dryz into the gingival sulcus, making sure to fully contact all of the soft tissue of the gingival sulcus.

Fig. 2: Rinsing the Dryz out of the dental sulcus using copious amounts of water.

Fig. 3: The clean and retracted gingival sulcus, exposing the complete finished margin of the prepared tooth.

Clinical Images provided by Dr. Harry Long, Wayne, NJ

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EDUCATION

UMDNJ slated to join Rutgers in July

Dental school becomes Rutgers School of Dental Medicine

BY KAREN FOX

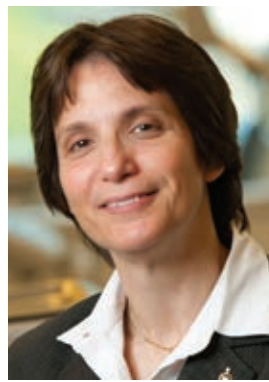
New Brunswick, N.J.—These are exciting times for the University of Medicine and Dentistry of New Jersey-New Jersey Dental School, as the school moves closer to becoming part of Rutgers, the State University of New Jersey.

As of July 1, the dental school will be known as the Rutgers School of Dental Medicine.

“The integration brings nothing but good things for us but right now we’re working to merge administrative functions, which is taking a lot of time and effort,” said Dr. Cecile Feldman, dean of UMDNJ-New Jersey Dental School.

The move is designed to strengthen dental and medical education in New Jersey. Dr. Feldman points out that Rutgers is a member

of the Association of American Universities, an organization of 60 public and private research universities whose primary focus is on funding for research, research and educational policy, and graduate and undergraduate education.



Dr. Feldman

A public institution, UMDNJ-New Jersey Dental School is the state’s only dental school. Following integration, most UMDNJ units—the dental school included—will form the new Rutgers Biomedical

and Health Sciences division.

In November 2012, Rutgers University’s governing boards approved the transfer to Rutgers of most of the schools, centers and institutes that make up UMDNJ. It’s all part of the New Jersey Medical and Health Sciences Education Restructuring Act, which passed the state legislature with broad bipartisan support and was signed into law by Gov. Chris Christie in 2012.

“Integration will finally give the people of New Jersey the comprehensive public research university that they deserve,” said Ralph Izzo, chairman of the Rutgers University Board of Governors. “The new Rutgers will expand biomedical research across our state, enhance medical care for our citizens, and create new opportunities in the biotechnical and pharmaceutical industries.”

The integration offers new and exciting opportunities for the dental school, said Dr. Feldman.

“For example, Rutgers has specialized

schools of business, engineering, arts and sciences, law, nursing, criminal justice and labor relations, which bring an endless range of possibilities for joint degree programs,” said Dr. Feldman. “The integration will create new opportunities for the dental school for both educational programs and collaborative research endeavors with other parts of the Biomedical and Health Sciences division.”

Added Rutgers University President Robert L. Barchi: “Our integration teams have been working together, thoroughly and productively, toward the creation of one outstanding university that will attract the finest faculty and students, as well as significantly greater financial support from the federal government and private donors.”

The dental school has informed the Commission on Dental Accreditation of the integration with Rutgers, as is required when any dental education program merges or changes sponsorship. CODA requires the school to submit documentation that demonstrates how the program will continue to meet the accreditation standards related to administration, financial support, curriculum, faculty and facilities.

According to CODA requirements, the sponsorship of an accredited program may be transferred from one educational institution to another without affecting the program’s accreditation status, provided the accreditation standards continue to be met. The Commission will consider a request for transfer of sponsorship as long as significant aspects of the program remain unchanged following the transfer. Dr. Feldman does not believe that the dental school’s accreditation status—which is currently approval without reporting requirements—will be affected by the integration. ■

—foxk@ada.org

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Pankey Foundation announces student scholarship contest

Key Biscayne, Fla.—The L.D. Pankey Dental Foundation is sponsoring a video scholarship competition for dental students, “to support the dentists of tomorrow and encourage a culture of lifelong learning,” according to a March 6 news release.

Recipients receive complimentary registration to Pankey’s Sept. 19-21 annual meeting in Orlando and a stipend for travel, and will be paired with a mentor throughout the conference. The deadline to apply is May 24.

To apply, students must be in academic good standing and enrolled in an accredited dental school. They are required to sub-

mit an application form along with a video detailing why they chose to pursue a career in dentistry and explaining their personal practice philosophy.

Two additional rules apply:

- The scholarship (with a value of about \$1,300) must be used in the same calendar year in which it is awarded.

- If the winner cannot attend the annual meeting, the selection committee may award the scholarship to another applicant.

Applications should be sent to Nicole Berman at nberman@pankey.org via Drop-Box or YouSendIt by the May 24 deadline. For more information, contact Ms. Berman at 1-305-428-5500. ■

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