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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA News

APRIL 15, 2013 VOLUME 44 NO.8

BRIEFS

Cone-beam CT course set for Chicago in June

Here's an opportunity to visit the Windy City this summer and earn eight continuing education credits through the ADA Summer Seminar Series.

The ADA is featuring the Basic Users Cone-Beam Computed Tomography (Level 1) course on June 15 at ADA

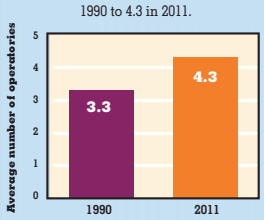
Headquarters.

Those attending will learn the principles behind CBCT, including CBCT image and technique selection; reducing radiation risk; understanding 3-D anatomical variations; recognition of key pathological processes; and CBCT interpretation and reporting. Speakers include Dr. Allan G. Farman, Dr. Maria Mora and Dr. Christos Angelopoulos.

See CONE-BEAM, Page 11

Number of operatories

The average number of operatories per private practice increased from 3.3 in 1990 to 4.3 in 2011.



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

Baby boomers boost utilization

Older patients show rise in dental expenditures

BY KELLY SODERLUND

As a whole, Americans aren't spending any more on dental care than they were five years ago but baby boomers may alter that.

After decades of steady growth, national dental expenditures began to slow in the early 2000s, years before the economy soured.

Once the Great Recession hit in 2008, national dental expenditures leveled off and have remained flat ever since. These changes are being driven by fewer adults visiting the dentist.

This is according to the ADA Health Policy Resources Center, which published the research brief "National Dental Expenditure Flat Since 2008, Began to Slow in 2002."

But a subsequent brief shows that between 2000 and 2010, spending among those who visited the dentist increased among the elderly and those in higher income brackets.

Dental Economic Trends
An ongoing series

"As a result of the aging baby boomers, the elderly population is projected to increase from 48 million in 2015 to 92 million in 2060," according to the brief "Per-patient Dental Expenditure Rising, Driven by Baby Boomers." "The rising proportion of those over 65 years old combined with relatively high per-patient dental expenditures among the elderly could significantly increase the dental expenditures among adults with a visit, buoying up the dental economy for years to come."

As outlined in previous research briefs, as a whole, fewer adults are visiting the dentist—a trend that started well before the recession.

See BOOMERS, Page 4

ADA to host Mission of Mercy during Annual Session

'Coming together we can make a difference'

BY STACIE CROZIER

New Orleans—Annual Session-goers will have a unique opportunity to participate in a Mission of Mercy charity dental clinic Nov. 3 in New Orleans.

The ADA hopes to serve some 1,000 patients in need of dental care on the last day of the Oct. 31-Nov. 3 Annual Session.

The ADA will host the MOM event in conjunction with the America's Dentists Care Foundation with the support of the Louisiana Dental Association and the New Orleans Dental Association. Dentists, dental team members, dental and dental team students, office staff, families and friends (age 18 and older) who will be in New Orleans for the Annual Session are encouraged to volunteer for the event.

"The ADA MOM program is a commitment to the public's oral health of the highest order," said Dr. Mark Huberty, a Sheboygan Falls, Wis., dentist and chair for the event. "While we're all bound by our commitment to the public, few other programs are so personal and felt so deeply as this very direct volunteering effort to help those most in need yet unable to help themselves. There are no barriers to care other than standing in line and being well enough to safely receive it. In addition, this program puts a face on a problem too big for any one of us alone to fix, but coming together we can make a difference."

Dr. Huberty is one of several organizers for the event and all are MOM program veterans from around the country, said Lani Becker, associate

See MOM, Page 13

Hands on: Engineering research assistant Henry Lukic (left) explains the dynamometer—developed in the ADA Laboratories to test handpiece torque and power—to Dr. Ralph Howell of Suffolk, Va. Dr. Howell and others say the labs are a must-see when in Chicago. Story, Page 18.

ADA offers patient education tools in wake of Dr. Oz show on amalgam safety

"The Dr. Oz Show" aired a segment March 28 that may have alarmed dental patients about the safety of dental amalgam, the ADA said March 29 in an Issues Alert emailed to its members.

The nationally syndicated daytime health talk show is hosted by cardiothoracic surgeon Mehmet Oz, M.D.

Although the show's producer contacted the ADA for information beforehand, repeated offers by the Association to arrange an interview with an ADA spokesperson dentist were declined, the ADA said.

The producer would only accept written statements from the ADA, which were provided. These statements are posted on "The Dr. Oz Show" website. The ADA has also issued a press statement (ADA.org/8448.aspx) about the segment, which is also posted online (doctoroz.com, search for "silver fillings").

In the Issues Alert, the Association offers a link to the ADA Council on Scientific Affairs statement on the safety of dental amalgam (ADA.org/1741.aspx) and provides a summary of key points that dentists can share with patients:

- Silver-colored fillings, also called dental amalgam, are safe, durable and affordable and have been used for generations.
- Amalgam is one of several materials I use. There are also tooth-colored materials and gold.
- The decision about what material to use is based on a variety of factors such as size and location of a cavity, insurance coverage and any cosmetic concerns you might have. There's really no one size fits all approach.
- [If applicable] I've used amalgam for years and have amalgam fillings in my own mouth.
- Major health and scientific bodies around the world agree that based on extensive scientific evidence, amalgam is safe and effective for dental patients.
- Always feel free to talk with me about your dental treatment options. As your doctor, I want to answer any questions you may have so you can make informed decisions about your dental care.

The decision about what material to use is based on a variety of factors such as size and location of a cavity, insurance coverage and any cosmetic concerns you might have. There's really no one size fits all approach.

- The best dental filling is no dental filling, so be sure to brush, floss and eat a balanced diet to help prevent cavities in the first place.
- The American Dental Association's website at www.MouthHealthy.org has information on dental materials and how to take care of your oral health.

The Association also offered information about the demonstration on "The Dr. Oz Show" measuring the release of vapor from brushing teeth in a synthetic mouth model with amalgam fillings, saying "That demonstration is misleading and doesn't take real world conditions into account. For example, the mouth model on the show is in a closed, dry environment, yet people have saliva in their mouths which reduces vapor activity. Credible scientific studies show that the amount of vapor released from amalgam fillings is so small it's in the billionths of a single ounce. A noted researcher calculated that it would take nearly 300 amalgam fillings in real life for even the most sensitive person to exhibit symptoms."

Lastly, patients may ask whether dental amalgam raises their risk of certain health conditions, the Association said in its email alert, suggesting dentists may wish to share the following information:

Not a single credible scientific study supports such a position. In fact, a number of organizations such as the American Academy of Pediatrics, National Multiple Sclerosis Society and the Alzheimer's Association have made statements about amalgam based on scientific evidence which is available online (ADA.org/8426). ■

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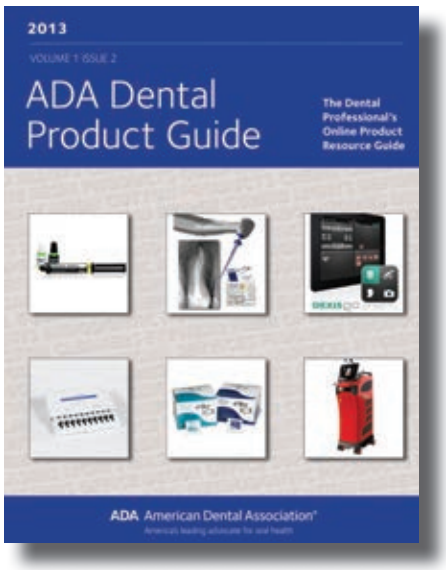
New dental product e-pub coming from the ADA



In the last week of April, ADA members will receive an email from their Association that includes a link to a new Dental Product Guide e-pub.

This new online resource, to be offered six times in 2013, will provide news and information on a wide range of dental products. It also will include brief reports from ADA-member dentists who volunteered to show how they use selected dental products in step-by-step demonstrations involving their own real-life patients.

The dentists explain in detail how the designated products helped them respond to specific patient needs and concerns, leading to successful outcomes and positive patient experiences.

Watch for the email and link to the new Dental Product Guide e-pub coming within the next few weeks. ■

Boomers

Continued from Page 1

But because fewer seniors are requiring dentures and retaining their teeth, they remain subject to oral diseases and disorders.

"In general, retired boomers will require more dental services than previous senior cohorts and purchase more intensive services than younger patients," according to the brief, which was authored by Tom Wall, Kamyar Nasseh, Ph.D., and Marko Vujicic, Ph.D.

Dr. Vujicic is the managing vice president of HPRC.

Dr. Nasseh, a health economist in HPRC, is leading the effort to model the impact of population aging on dental spending through 2040.

Among adults 65 and older, real annual dental expenditures in the 2000s increased from $655 to $796 per person. For adults 21 to 64 in that same time period, the per-patient expense rose from $557 to $664. Average real per-patient dental expenditures rose from $600 in 2000 to $653 in 2010, according to HPRC.

"Taken together, our results suggest very strongly that the dental economy is in a major transition. Dental spending has not rebounded since the end of the Great Recession and has been stagnant, on a per capita basis, since 2008."

While there was an increase in individual dental spending among older patients, nationwide, the average remained flat. In 2011, national dental expenditure was $108 billion, slightly up from $107 billion in 2010 (in inflation-adjusted 2011 dollars). In 2011, dental expenditures accounted for 4 percent of overall national health care spending, down from 4.5 percent of national health expenditures in 2000.

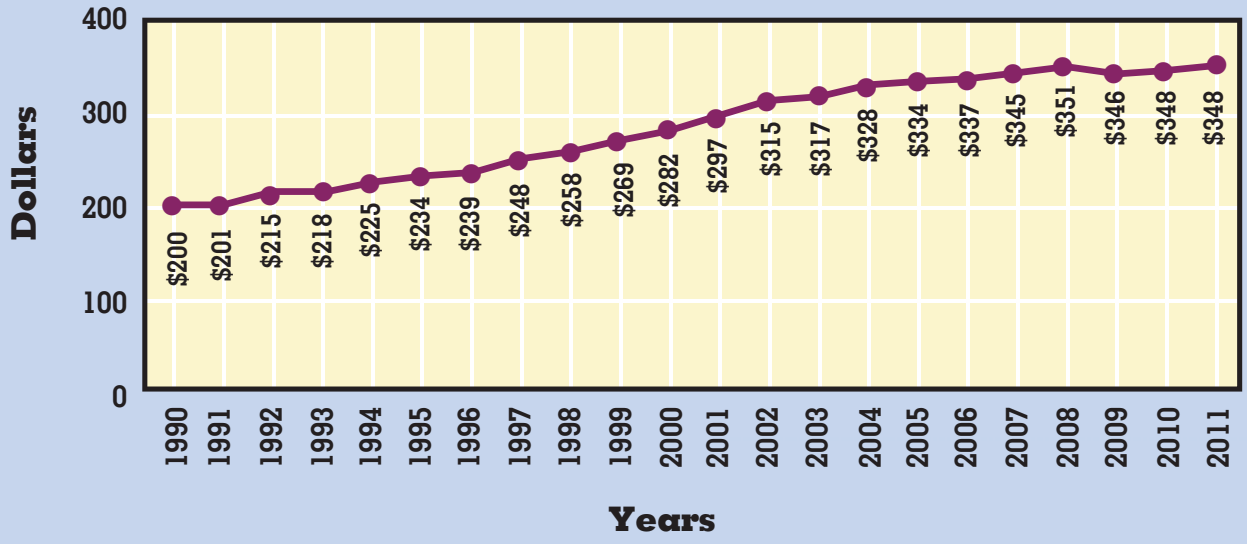
There are a number of factors that may have contributed to a slowness in dental spending but the main one is declining dental care utilization among adults, according to HPRC.

On the flip side, on average, more children, particularly low-income children, are visiting the dentist, but their care is typically less costly, according to HPRC. Combine those facts with statistics on fewer adults visiting the dentist and it explains why national dental expenditures have remained flat the past five years.

In 2013, HPRC has published a series of research briefs related to utilization rates, dentists' income and expenditures.

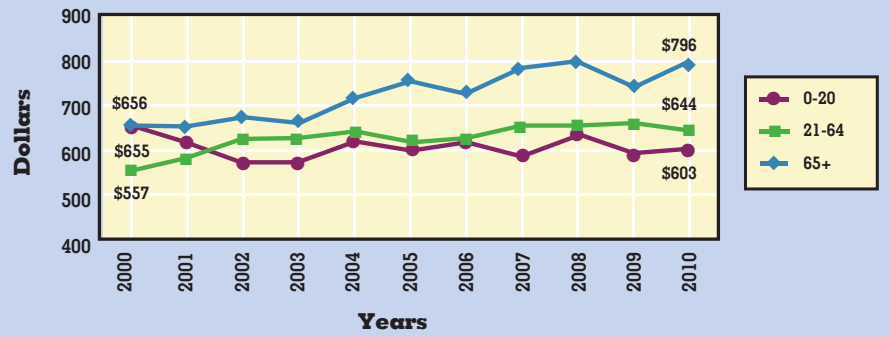
All promote the same idea that the recession is not the cause of the decline in spending and utilization—something shifted years before the economic downturn.

National dental expenditure per capita (in constant 2011 dollars)



Source: Centers for Medicare and Medicaid Services; U.S. Bureau of Economic Analysis; U.S. Census Bureau. Note: Expenditure adjusted for inflation using the GDP implicit price deflator.

Annual real (2010 dollars) per-patient dental expenditures by patient age, 2000 to 2010



Source: Medical Expenditure Panel Survey, AHRQ. Note: Increases from 2000 to 2010 are statistically significant at the 1 percent level for the 21-64 age group and at the 5 percent level for the 65+ age group.

"Taken together, our results suggest very strongly that the dental economy is in a major transition. Dental spending has not rebounded since the end of the Great Recession and has been stagnant, on a per capita basis, since 2008," wrote Dr. Vujicic in the brief "National Dental Expenditure Flat Since 2008, Began to Slow in 2002."

"More importantly, in our view, our analysis shows convincingly that the dental economy began to slow well before the onset of the recent economic downturn. While overall health spending also began to slow in the early 2000s, the slowdown in dentistry is far more pronounced."

Dentists have entered a new reality in their profession. ADA leaders are trying to make sense of the data and figure out how to help dentists adjust.

"What this research shows is how dramatically dental care utilization and spending are shifting in the United States," Dr. Vujicic said.

"HPRC is taking a hard look at this data to help the ADA get a sense of the big picture moving forward.

"The intent is for the ADA to be guided by reliable data and evidence in its strategic discussions about how we can help ensure the success of our members in a changing environment."

To read the full research briefs, visit ADA.org/1442.aspx. ■

—soderlundk@ada.org

Dental office overhead

Practice expenses should include owner dentists' salaries, CDBP says

BY KELLY SODERLUND

The perception that dentists take home a hefty profit is misleading but changing the way dental practice expenses are publicized may change people's minds.

Members of the ADA Council on Dental Benefit Programs noted at their November meeting that one of the ways dental office overhead has been commonly calculated is faulty. Past survey reports released by the ADA Health Policy Resources Center reported average dental practice expenses as a percentage of gross billings as 60 percent, which suggests that dental offices have a 40 percent profit margin.

But those calculations didn't take into account the owner dentists' salaries, an important piece of the overall balance sheet for any business. Since it's a figure that's often quoted in debates about target minimum provider reimbursement levels within Medicaid programs, CDBP members thought it should be reflected accurately.

"Since no other business would consider omitting compensation for their CEO or top wage earners from overhead figures, many outside the dental industry may perceive this as a 35-40 percent profit," said Dr. David May, CDBP chair. "This may explain why legislators and foundations feel that it is not an issue if dental insurance companies cut reimbursements 10-15 percent."

Upon a recommendation from CDBP, the HPRC agreed to stop publishing the 60 percent statistic that excludes owner dentists' salaries when calculating dental office overhead. With owner dentists' salaries included as a cost, practice expenses average around 90 percent of gross billings, dropping the profit margin down to 10 percent. HPRC has published this statistic since 2006 but including it alongside the data that excludes owner dentists' salaries has led some to be confused by its interpretation.

"The commonly reported dental practice expense percentage of 60 percent, which excludes owner dentist salaries, if taken out of context, could lead to a mistaken perception about what it costs to operate a dental practice," HPRC staff members Bradley Munson, Adriana Menezes and Marko Vujicic, Ph.D., wrote in the research brief titled "Dental Practice Expenses Much Higher When Owner Salaries Accounted For," which can be found at ADA.org/1442.aspx. "It does not take into account the value of the practice owner's time."

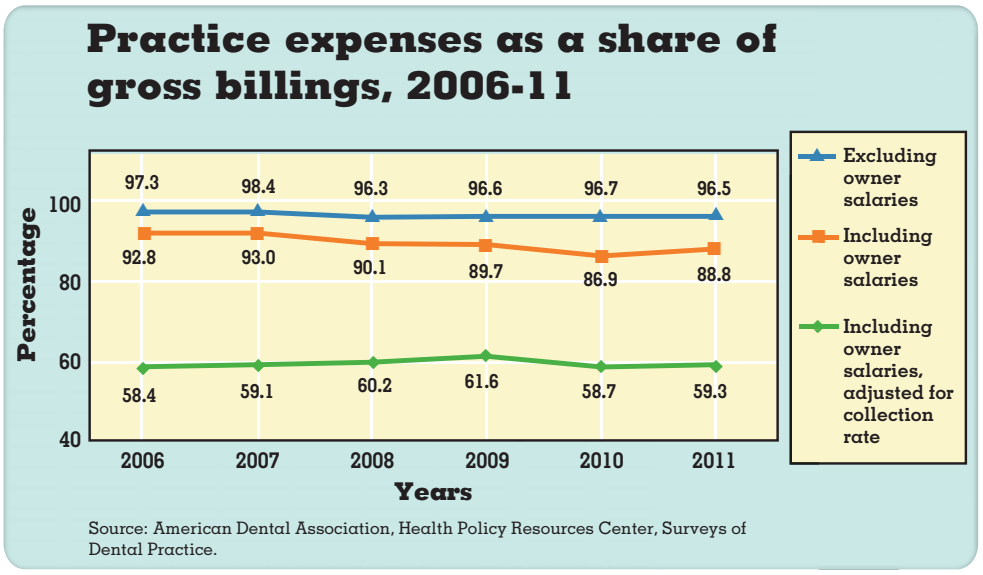
The previous calculation method ignored the difference between gross billings and actual receipts collected, also known as the collection rate, according to HPRC. When the collection rate is taken into account under the new measure, the average expense percentage increases to around 97 percent, HPRC reported in its research brief.

"Since more than 80 percent of active private practitioner dentists in the United States are practice owners, the traditional method underestimates the true cost of operating a dental practice. As a measure of practice expenses excluding owner labor costs, of course, it remains valid," the research brief said. "Comparing dental practice expenses (including owner salaries) to gross billings actually collected, we believe, provides the most informative measure of dental practice expenses. Accounting for collection rates is particularly important since they have been falling steadily since 2006."

Dr. May hopes that the updated figures will resonate with insurance companies, some of which have decreased the maximum allowable fees dentists receive.

"We wanted to put an end to the misconception that dentists aren't greatly affected when insurance companies decrease reimbursement rates," Dr. May said. "By updating the way we publicize dental office overhead, we're giving insurance companies, legislators and the public the most accurate information from which to shape their opinions." ■

—soderlundk@ada.org



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

SNODENT takes the global stage

ADA and WHO evaluating latest version of International Classification of Diseases

BY KELLY SODERLUND

The Association is taking another step on the world stage through its efforts to evaluate the oral health codes within the latest version of the International Classification of Diseases.

The ADA is working with the World Health Organization by using the Association's dental diagnostic codes to compare with ICD-11 oral health codes.

The WHO and ADA will use the Systematized Nomenclature of Dentistry, also known as SNODENT, to determine if the oral health codes within ICD-11 are complete, comparable and compatible. ICD-11 will be the latest version of a disease classification that's used to record many types of health and vital records, including death certificates. Countries that are members of the WHO use these records to compile national mortality and morbidity statistics, which may be used to determine financial reimbursement and resource allocations.

SNODENT is a vocabulary designed for use in the electronic health records environment. Any dentist who uses electronic health records or who plans to in the future should be aware the use of diagnostic codes is on the horizon. SNODENT will be an important component within certified Electronic Health Records Systems for the federal and state governments' Medicaid and Medicare meaningful use incentive reimbursement programs.

Representing the ADA: Dr. Mark Jurkovich traveled to Denmark to convene the International Health Terminology Standards Development Organization's Dental Specialty Interest Group, identify priorities and develop a work plan. The IHTSDO is the leading provider of standardized clinical terminology in the world.

European countries are already using ICD-10, but the United States is still in the process of moving into the 10th version. In the U.S., ICD-10 will become mandatory in 2014. ICD-10 was endorsed by the World Health Assembly in 1990, and WHO Member States began using it in 1994. The 11th revision of the classification will continue until 2015.

"This collaboration with the World Health Organization elevates the ADA to the global stage," said Dr. Poul Erik Petersen, who is leading the WHO Oral Health Topic Advisory Group. "The Association has worked hard to develop SNODENT so that U.S. dentists have a consistent dental terminology when they use electronic health records. By using SNODENT to revise and evaluate ICD-11, we can be assured that the newest version of the International Classification of Diseases is more accurate and comprehensive than previous endeavors. ADA member dentists who participate in the federal government's EHR Meaningful Use program can know they are using the most up-to-date diagnostic codes in the world."

SNODENT is incorporated into the International Health Terminology Standards Development Organization's SNOMED CT reference terminology. The IHTSDO is the leading provider of standardized clinical terminology in the world. The WHO has already established an agreement with the IHTSDO to use SNOMED CT in developing ICD-11. The use of SNODENT will work the same way.

The IHTSDO Dental Specialty Interest Group met April 8 in Copenhagen, Denmark as part of the IHTSDO's annual business meeting. The Dental SIG's main responsibilities included reviewing proposed new dental content, updating existing dental content, plus the proposal and development of new dental content-related projects. As part of the ADA/IHTSDO agreement, the Dental SIG is chaired by Dr. Mark Jurkovich, a member of the ADA Council on Dental Benefit Programs.

Dr. Jurkovich traveled to Denmark to convene the SIG, identify priorities and develop a work plan. ■

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GOVERNMENT

Medicare claim denial process begins May 1

BY CRAIG PALMER

Washington—Phase 2 implementation of a new Medicare requirement could affect dentists who order or provide clinical laboratory, imaging, DMEPOS (durable medical equipment, prosthetics, orthotics and supplies) or home health items or services that are covered by Medicare. The provider of the item or service will not be able to submit a claim to Medicare if the ordering dentist is not enrolled or properly opted out.

The claim denial process begins May 1.

As of that date, a provider of a covered clinical laboratory, imaging, DMEPOS or home health service will not be paid if the ordering or certifying practitioner has not enrolled in Medicare or properly opted out.

Completing the enrollment and opt-out processes takes time, and dentists should be aware of the regulation and the May 1 edits if they are likely to be affected by this regulation.

The Association offers member resources on Medicare enrollment and Medicare opt-out procedures at ADA.org, including a Sample Medicare Opt Out Private Contract. Nonmembers may obtain information by consulting the CMS agency or local Medicare contractor. Information on Medicare contractors is available through the CMS "Provider Compliance Group Interactive Map" at www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html.

Medicare officials modified the proposed regulations in several respects in response to Association advocacy before issuing the final rule June 26, 2012 ("Specialist Services Excluded From Medicare Enrollment Rule," Aug. 20, 2012, ADA News). The Association urged that the rule should not apply to referrals to specialists, and the final rule removed this proposed requirement. Medicare officials also delayed full implementation of the Affordable Care Act requirement.

Phase 1 edits notified providers if the ordering or certifying practitioner was not enrolled or properly opted out but did not deny payment.

The announcement of Phase 2 implementation in a special edition of MLN Matters at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1305.pdf includes guidance on orders or referrals by dentists.

- "Effective May 1, 2013 the Centers for Medicare & Medicaid Services (CMS) will turn on the Phase 2 denial edits. This means that Medicare will deny claims for services or supplies that require an ordering/referring provider to be identified and that provider is not identified, is not in Medicare's enrollment records, or is not of a specialty type that may order/refer the service/item being billed."
- "Orders or referrals by dentists: Most dental services are not covered by Medicare; therefore, most dentists do not enroll in Medicare. Dentists are a specialty that is eligible to order and refer items or services for Medicare beneficiaries (e.g. to send specimens to a laboratory for testing). To do so, they must be enrolled in Medicare. They [dentists who enroll using CMS-855O] may enroll by filling out the paper CMS-855O or they may use Internet-based PECOS. They will not be submitting claims to Medicare for services they furnish to Medicare beneficiaries."

The CMS uses the term "ordering/referring" to refer to practitioners who order or certify covered items and services. PECOS is the Internet-based Provider Enrollment, Chain and Ownership System.

The Association recommended a simplified enrollment process for dentists who want to enroll in Medicare solely for ordering and certifying covered items and services ("ADA: PECOS Enrollment Rule 'Unnecessarily Burdensome,' " July 12, 2010, ADA News) and CMS announced approval of a simplified process Aug. 16, 2010 ("CMS: Medicare Guidance," Sept. 20, 2010, ADA News) in an online notice.

This simplified enrollment process, using form CMS-855O, does not require the dentist's financial information because doctors who enroll only to order/certify will not be directly billing Medicare. Doctors who directly provide Medicare eligible services, such as biopsies, are not eligible for the simplified process and need to either enroll in Medicare using a different enrollment form, CMS-855I, or opt out.

In lieu of enrolling, a dentist may elect to opt out of Medicare and provide Medicare-covered services by entering written private contracts with their Medicare-eligible patients and by filing an affidavit with each applicable Medicare carrier.

Dentist referrals to specialists are not covered by the final rule, and referral to a specialist, such as an oral surgeon, would not require

See MEDICARE, Page 8

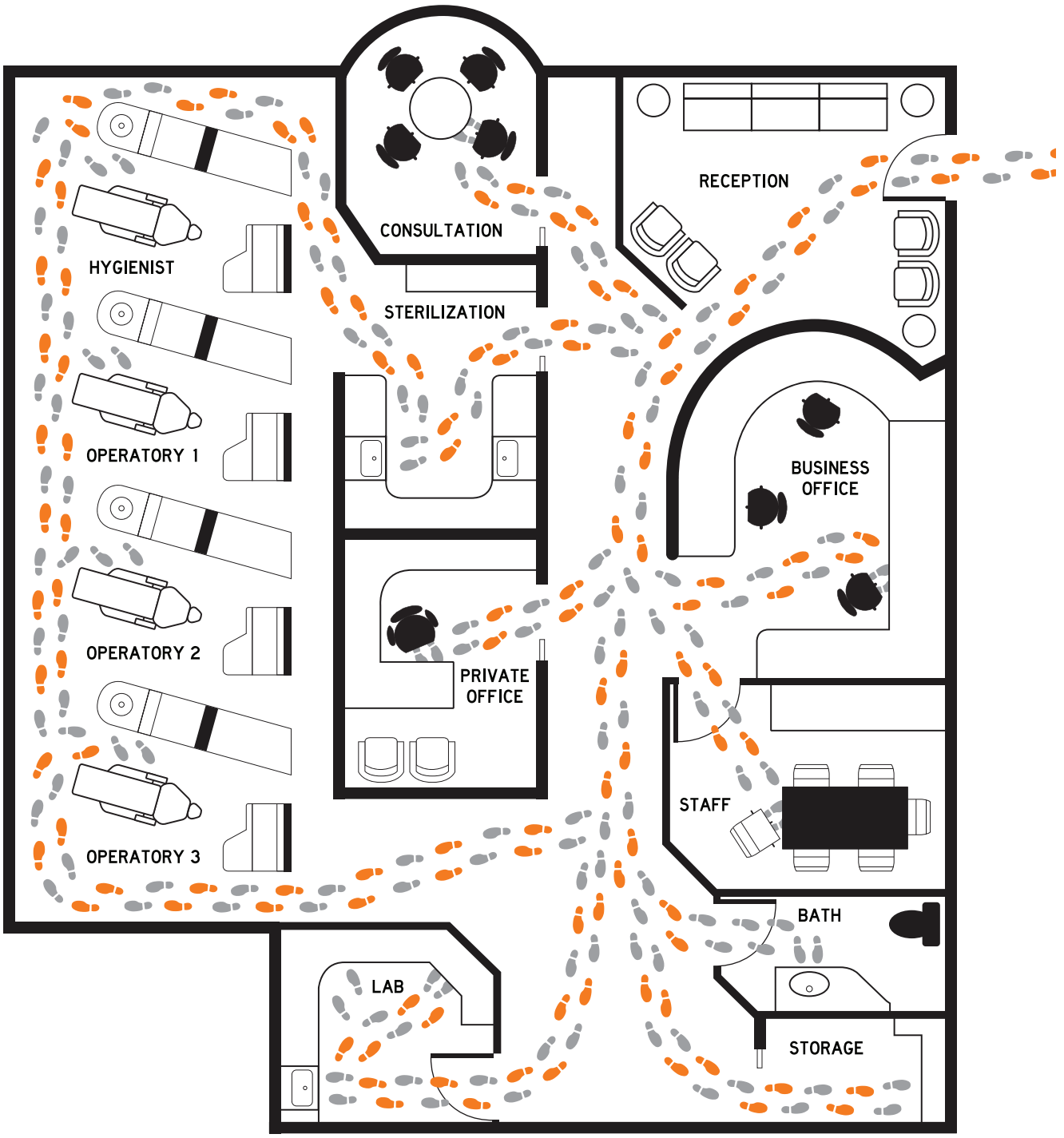

Photo by Paul Casey, University of Pittsburgh School of Dental Medicine

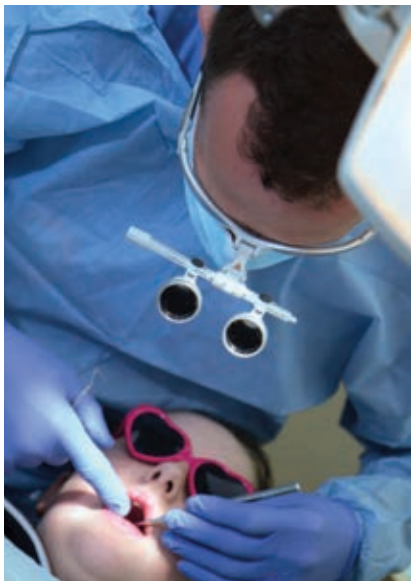

Photo by Heiko Spallek, University of Pittsburgh School of Dental Medicine

Sea of smiles: The education and waiting area at the University of Pittsburgh School of Dental Medicine, far left, sports an underwater motif Feb. 1 for Give Kids A Smile. About 120 children received screenings and cleanings during the "Sea of Smiles" GKAS event. On March 22, volunteers treated about 80 children who needed follow-up care. At left, third-year dental student Anthony Miller examines 10-year-old Reilly Vicznesky during the follow-up care event. Pitt dental school has participated in GKAS since it began and has contributed more than $100,000 in free dental care.

Protect yourself from cyber threats

FCC offers new small business resource

Washington—Dentists who want to learn more about cyber threats can consult a new resource published by the Federal Communications Commission.

Cybersecurity for Small Business, www.fcc.gov/cyberforsmallbiz, provides tip sheets, resources to create customized cybersecurity plans and links to government websites with security information. The FCC also released an updated one-page Cybersecurity Tip Sheet that features new tips on creating a mobile device action plan and on payment and credit card security.

The tips include training employees in security principles; making backup copies of important business data and information; controlling physical access to computers and creating user accounts for each employee; and limiting employee access to data and information, among others. ■

Medicare

Continued from Page 7

the referring dentist to enroll in Medicare. The specialist could submit a Medicare claim without having to list the referring dentist. However, dentists ordering clinical laboratory or imaging services or durable medical equipment must enroll in Medicare or opt out for providers of those services to be reimbursed by Medicare.

Oral pathologists have reported to the ADA that they bill their services to Medicare as clinical laboratory services. Therefore, ordering the pathology review of specimens will require the ordering dentist to enroll as a Medicare provider or opt out.

The MLN Matters notice advises, "If you order or refer items or services for Medicare beneficiaries and you do not have a Medicare enrollment record, you need to submit an enrollment application to Medicare … Waiting too long to begin this process could mean that your enrollment application may not be processed prior to the May 1, 2013 implementation date of the ordering/referring Phase 2 provider edits."

In Phase 2 implementation, if the ordering/referring provider does not pass the edits, the claim will be denied. This means that the Medicare billing provider will not be paid for the items or services that were furnished based on the order or referral, CMS said. If oral pathologists cannot receive payment for their services due to lack of enrollment, they may decline to accept specimens from doctors who are not enrolled.

The Medicare Learning Network notice is intended for physicians, including dentists, and non-physician practitioners including interns, residents, fellows and providers employed the Department of Veterans Affairs, Department of Defense or Public Health Service who order or refer items or services for Medicare beneficiaries and other Part A and Part B providers and suppliers. ■

—palmerc@ada.org

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Task force studies ADA Library

Report due to Board in June

BY JUDY JAKUSH

The ADA Library Task Force wants members to know that in keeping with Resolution 159H-2012, the group is investigating the options that will ensure that the ADA Library provides members value now and well into the future.

"Of crucial importance" emphasized Dr. Joseph Hagenbruch, ADA 8th District Trustee and chair of the ADA Library Task Force, "the group feels that it is absolutely imperative to first clarify that the ADA Library is not closing. The 2012 ADA House of Delegates has asked that the appropriate ADA agency develop a transition plan for presentation to the 2013 ADA House of Delegates regarding budget-conscious, sensible, responsible and sustainable options that would not only preserve ADA periodicals, collections, other materials and services, but also embrace new technology, such as digital collections and electronic capabilities.

"The ADA House of Delegates will have an opportunity to decide on an actual increase in the number of benefits that the ADA Library will offer the membership," continued Dr. Hagenbruch, "but also ensure that the various ADA departments that are heavily reliant on the ADA Library for various services, mechanisms and material will always have what is needed to be effective, remain knowledgeable and efficient."

He said the task force is committed to the ADA Library's unique collections. "This includes very rare, historical and valued property—such as books, journals, artwork, one-of-a-kind gifts and numerous awards, just to name a few. It is the task force's hope that one day plans could be developed to display, in a visible location, many of the Library's uniquely rare collections and prized possessions that have seldom been seen by members," Dr. Hagenbruch noted.

At the Annual Session in October 2012, the House passed Res. 159H-2012, which states: Resolved, that the library collections and physical space be maintained without disposition in 2013 and that appropriate agencies develop a transition plan for the library to be reported to the 2013 House of Delegates.

In response, the Library Task Force was appointed by Dr. Robert Faiella, ADA president. The group has met twice at ADA Headquarters as well as holding a number of telephone conference calls. Besides Dr. Hagenbruch, the group consists of Drs. Joseph P. Crowley, ADA 7th District trustee; Gary Roberts, ADA 12th District trustee; Hal Fair, ADA 16th District trustee; and Dr. Anthony Ziebert, ADA senior vice president, education and professional affairs.

Their charge has led them to meet in person or via teleconference with librarians at dental and medical schools as well as with other experts in the field; to direct the inventory of ADA Library holdings by category, including determining whether an item was unique to the ADA or held by other collections; to meet with Library users, including members of the ADA, its staff, the public and other stakeholders to precisely assess how and by whom ADA library services are used.

"The principal aim of the task force is to create a transition plan that includes updates of the ADA Library material, services and technology to better reflect a caliber consistent with contemporary library standards and which meets or exceeds member expectations, while at the same time adhering to the proposed budget limits."

"The principal aim of the task force is to create a transition plan that includes updates of the ADA Library material, services and technology to better reflect a caliber consistent with contemporary library standards and which meets or exceeds member expectations, while at the same time adhering to the proposed budget limits," said Dr. Hagenbruch.

The task force is charged with submitting the report of its findings and recommendations to the ADA Board of Trustees at its June meeting.

"It is premature to discuss any details of the draft proposal at this time, because it is not finished," Dr. Hagenbruch stated. "Release and transmittal of the plan to the members of the 2013 House of Delegates will likely follow soon after the June Board of Trustees meeting. In that vein, and fully mindful of the necessary, imposed economic constraints, the task force hopes to sufficiently inform and engage the Board, delegates, alternate delegates, councils, member dentists and everyone else relative to the incredible possessions and collections, wealth of knowledge and abundance of opportunities that can possibly exist and be accessible with the accompanying expectation of an exceedingly bright ADA Library future." ■

Landmark articles in Journal of the American Dental Association focus on key developments in dentistry

JADA 100 1913 2013

As part of its ongoing commemoration of its centennial year in 2013, The Journal of the American Dental Association each month features a specially selected "landmark" article that was published in JADA over its first century.

This month's issue—April—spotlights a 1941 article by Drs. Isaac Schour and Maury Massler, from the Department of Histology, University of Illinois College of Dentistry, Chicago, "The Development of the Human Dentition."

The commentators, Drs. Louise Brearley Messer, University of Melbourne, Australia, and Michael J. Till, University of Minnesota, describe it as "truly a landmark article from two perspectives: first, as a culmination and synthesis of many years' work by the authors; and, second, in the undergirding of far-reaching applications that remain relevant today."

In May, JADA will feature a 1953 article, "Hydraulic Turbine Contra-Angle Handpiece," by Drs. Robert J. Nelsen, Carl. E. Pelander and John W. Kumpula, all of whom were researchers at what then was called the National Bureau of Standards (now the National Institute of Standards and Technology). The commentators, Drs. Robert Eshleman and David Sarrett, Virginia Commonwealth University, credit the advent of the high-speed dental air turbine handpiece with revolutionizing and forever changing the practice of dentistry.

"All dentists and their patients owe a debt of gratitude to the original pioneers and dental manufacturers who developed and produced the high-speed handpiece for use in the everyday practice of dentistry," they conclude. ■

Cone-beam

Continued from Page 1

By the course's conclusion, participants will be able to understand the basic principles of cone-beam computed tomography; identify the risks associated with ionizing radiation and how to minimize exposure; recognize when to prescribe CBCT scans based on high-yield criteria and minimized radiation dose; review associated anatomy and the basics of pathology; discuss basic interpretation to create a report of CBCT images and identify when to refer for a second opinion or over-read; understand CBCT technique tips; and recognize errors and artifacts.

For more information, including a course schedule and speaker biographies, visit ADA.org/8359.aspx.

The website includes ADA hotel and airfare discounts from 2 to 10 percent and information about a graduate student member rate of $295.

Register for Basic Users Cone-Beam CT by contacting the ADA Member Service Center at 1-312-440-2500 Monday through Friday, 8:30 a.m. to 5 p.m. Central Time.

Additional questions may be directed by email to seminarseries@ada.org.

JADA Live seminars

Also coming in 2013 are additional JADA Live seminars.

The Journal of the American Dental Association launched the JADA Live program in 2012 as a series of continuing education seminars that take place at selected venues across the country to provide dentists with more of what they need to improve their practices.

The schedule for the 2013 JADA Live, which includes a program on digital imaging, will be announced soon.

Dentists who participate in a JADA Live seminar can earn CE credits provided by CERP, the ADA Continuing Education Recognition Program.

The number of CE units available will vary with the seminar. ■

Speakers share the stage for this year's New Dentist Conference, Annual Session

BY KAREN FOX

Denver—Those attending continuing education programs at the ADA 27th New Dentist Conference are in for a special treat.

Three conference speakers will provide a continuation of their educational programs at the ADA Annual Session this fall.

The featured speakers and their conference presentations include:

• Dr. Lee Ann Brady—The Art of Treatment Planning and Case Presentation, Part 1 (6 CE hours).

On July 20 at the New Dentist Conference, Dr. Brady presents a systemized approach to treatment planning and case presentation covering esthetics, function and health. Participants will have hands-on experience with multiple case studies and learn how the real-world cases were ultimately managed.

At the ADA Annual Session Oct. 31-Nov. 3 in New Orleans, Dr. Brady will present at the Women Dentists Fast Track and conduct a hands-on workshop, Creating Exquisite Anterior Provisionals.

• Dr. Paul Homoly—Making it Easy for Patients to Say Yes! Part 1 (6 CE hours).

In this course, which takes place July 20 at the New Dentist Conference, participants will learn practical techniques to improve patient acceptance even in the most complex cases. Dentists have the technical knowledge to provide cosmetic, implant and restorative dentistry, but often become frustrated with patient acceptance of their treatment recommendations. Today's dentist and team need a process for guiding their patients toward good dental health decisions.

At the ADA Annual Session this fall, Dr. Homoly presents Just Because You're an Expert ... Doesn't Make You Interesting and other courses, all at no fee.

• Dr. Harold Crossley—Medical and Dental Implications of Most Prescribed Medications, Part 1 (6 CE hours).

Many physician-prescribed medications used by patients have dental implications and side effects affecting a dentist's treatment plan. During Dr. Crossley's presentation, held July 20 at the New Dentist Conference, dentists will learn to understand the indications, contraindications and side effects of the most commonly prescribed medications. Familiarity with these drugs will provide you with a better appreciation for the health profile of your dental patient.

At the ADA Annual Session, Dr. Crossley presents the Pharmacology Expert Panel with Dr. Robert Fazio, also at no fee.

"These are some of the most in-demand speakers we have had for ADA sessions," said Dr. Gregory J. Peppes, Council on ADA Sessions program chair. "All three draw tremendous crowds because of the common-sense knowledge they share with their audiences."

Each speaker has a specific area of interest—clinical issues (Dr. Brady), practice management (Dr. Homoly) and professional issues (Dr. Crossley)—said Dr. Peppes, but "having them at both the New Dentist Conference and ADA Annual Session demonstrates the ADA's commitment to lifelong learning throughout dentists' careers, for new dentists starting out through more seasoned professionals."

"Dr. Homoly is one of the greatest speakers on case presentation," said Dr. Chris Salierno, chair of the New Dentist Committee. "New dentists are always hungry for solid tips on how to better communicate with patients, especially when it comes to finances and complex treatment plans. Dr. Brady is able to show the critical connection between esthetics and function. From treatment plan to provisional phase to final execution, we'll see how a world-renowned cosmetic dentist gets her cases done."

The New Dentist Conference gives attendees a number of peer networking opportunities, and the Annual Session features a special reception exclusively for new dentists.

"Aside from the amazing CE, I look forward to catching up with old friends," said Dr. Salierno. "Both events provide networking opportunities, and I always make a few new connections, too."

For more information about the New Dentist Conference, visit ADA/newdentistconf or call ext. 2779. Registration is open. ■

MOM

Continued from Page 1

executive director of the Wisconsin Dental Association and ADCF board member.

"This is the first MOM program that will actively recruit dental professionals from around the country to participate at one location," said Ms. Becker. "And the program will need about 800 volunteers, including dentists, team members, clerical and support staff and more. We hope that Annual Session-goers will consider this a great team-building activity for their office staff or a family event with their spouses and children 18 and older."

MOM volunteers serve in a multitude of roles during a typical event. Roughly half of the 800 or so volunteers are dental professionals who provide triage services, radiology, diagnostics and treatment, including restorative and specialty care. Other volunteers—students, laboratory technicians and front office specialists—also help the massive MOM clinics run smoothly. About 200 nonclinical volunteers cover support services from registration, patient greeting and escorting, conducting exit interviews, site set-up and teardown, parking attendants and many more roles.

Dr. Terry Dickinson, Virginia Dental Association executive director, launched the first MOM program in Virginia in 2000. This year, 27 states will host one or more charitable dental clinics.

"I have a great sense of pride that hundreds of thousands of volunteers have joined forces through the Mission of Mercy to help people in need. What MOM does is define who we are as individuals and collectively as a profession as people who care and want to give something back," Dr. Dickinson said. "Participating in a MOM is an opportunity for us to share our gifts."

The necessity of organizing charitable dental clinics on this scale, he added, is a result of dental care for adults being an optional benefit nationwide. "We only see these patients in emergency situations in Virginia and it's the same situation in other states as well. As much as the MOM project is not an answer to the access to care issue, it does provide hope to those who are financially unable to have access to dental care on their own."

Dr. Dickinson is no stranger to MOM events in New Orleans. In February 2006, MOM organizers from the Virginia, Kansas, Texas and Open Door Clinic (Alamance County, N.C.) programs and Remote Area Medical transformed the Audubon Zoo into a temporary dental clinic to help some 4,000 patients in the aftermath of Hurricane Katrina.

This year's New Orleans MOM will run from 5:30 a.m. to 5:30 p.m. on Nov. 3. A new Web page, ADA.org/MOM will go live in mid-April with information on registration, licensing requirements and other details. Volunteers can register for a half or full day. Volunteers do not have to be registered for the Annual Session to participate in the MOM event.

"ADCF operates on the 'see one, do one, teach one' philosophy," Ms. Becker said. "Dentists who come from a state that doesn't yet have a MOM program, or haven't had a chance to participate in one of their state's MOM events, should consider this a great opportunity to come and see how an event is organized. It can be overwhelming until you see how it's broken down into manageable components. And then you see the great need of people who've come for dental care, and you're hooked. It's a great way to give back to your profession and to the public."

"This event will certainly serve to let our community know that those in the dental profession seek continually to find ways to assist those who are most in need," said Dr. Maria R. Burmaster, a general dentist in Marrero, La., and one of the event's organizers. "We want to spread the message that we care about the health of our neighbors and are to eager share our talents and abilities. This event will provide a platform for many in the New Orleans area to be introduced to dental care that they may otherwise never be able to afford. I will certainly be a part of the volunteer corps for this event, and I am excited to work with colleagues from across the country."

For more information or to register as a volunteer, visit ADA.org/MOM or ADA.org/session. ■

—croziers@ada.org

New Orleans
American Dental Association
ANNUAL SESSION
OCTOBER 31 – NOVEMBER 3, 2013

Photo by Dr. Ted Sherwin

2006 New Orleans MOM: A mother and child wrap up in a blanket to keep warm at the New Orleans Mission of Mercy dental clinic in February 2006. The ADA will host a MOM in the Big Easy Nov. 3 in conjunction with its Annual Session.

2013 GKAS Institute

Apply by April 29 for leadership development grants

Ambassador in action: Monica Chavez, Tri-County Dental Society GKAS coordinator and 2011 GKAS Leadership Institute ambassador, pauses for a photo with Dr. Vijay Patel at a GKAS program in February.

BY STACIE CROZIER

Give Kids A Smile coordinators nationwide can learn best practices for launching, expanding or enhancing their program by applying for a 2013 Give Kids A Smile Community Leadership Development Institute grant.

The GKAS Institute, set for Oct. 23-26 in St. Louis, offers selected participants the opportunity to learn in-person how to initiate, expand and/or enhance a GKAS program. The program is sponsored by Hu-Friedy, Henry Schein and the ADA Foundation.

In February, Give Kids A Smile-St. Louis Executive Director Joan Allen visited southern California to observe several GKAS programs conducted by dentists in the Tri-County Dental Society. Tri-County's GKAS coordinator, Monica Chavez, participated in the leadership program in 2011.

"Having trained strong leaders like Monica Chavez has helped GKAS events reach more kids and improve the services offered by generous and caring volunteers," Ms. Allen said. "It was exciting for me to see the enthusiastic way that many of our ideas and plans have been implemented. From T-shirts for volunteers, direct and complete dental care, goody bags of dental supplies, bright kid-friendly decorations, happy volunteers and thankful families to face painting for the kids, the message was delivered—Give Kids A Smile is a great dental care program for all underserved kids everywhere. We look forward to our next Institute in October. Sharing of best practices and ideas will make us better and stronger to serve."

A link to the online application can be found on the GKAS Community Leadership Development Institute Web page, ADA.org/8356.aspx. The deadline is April 29.

Candidates must demonstrate commitment and ability to begin a new GKAS program or enhance an existing one; have experience with managing/chairing an access to care event; and hold a position in their organization that will allow them to effectively implement lessons learned during the GKAS Institute. Applicants do not necessarily have to be a licensed dentist or hygienist.

Participants will hone their leadership and development skills and also serve as ambassadors for the St. Louis Give Kids A Smile fall program, which will provide comprehensive care to about 650 underserved children.

Ambassadors may be assigned to serve as clinic escorts, or in areas such as check-in/check-out, sterilization, photography, triage, education, entertainment and more.

Up to 10 travel grants will be awarded. State and local dental societies and community-based organizations providing oral health care for underserved children during GKAS will be considered. Applicants must reside within the U.S. 50 states.

For more information, email gkas@ada.org. ■

Fun with kids: A Tri-County Dental Society GKAS program features face painting for participating children.

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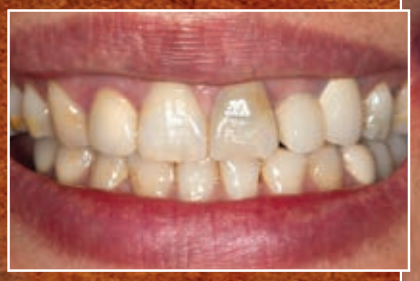
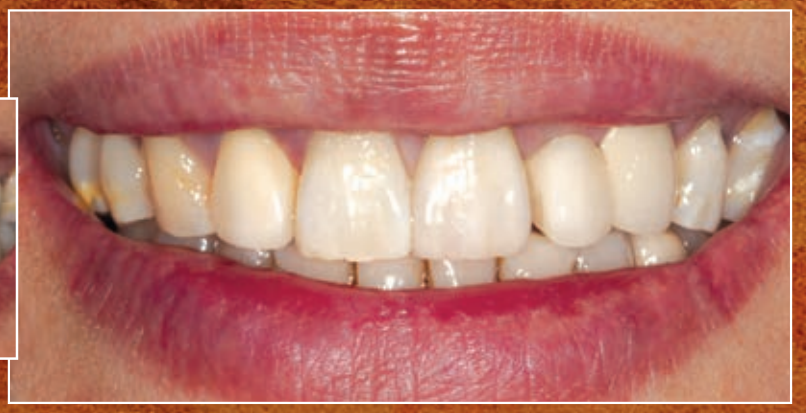


Before



After

"In the 'Before' photo, tooth #7 is an all-ceramic crown, tooth #8 is a natural tooth, tooth #9 is a natural tooth that had endo treatment and requires a crown, and tooth #10 & #11 are splinted PFM crowns. I used a BruxZir crown on tooth #9 to see how it would compare esthetically to the natural tooth and the other restorations. The natural tooth still looks most lifelike (no surprise), but the BruxZir crown looks more lifelike than the existing all-ceramic and PFM crowns."

– Michael C. DiTolla, DDS, FAGD

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Capitol Dental Designs	Montgomery	AL	334-269-2700
Mobile Dental Design, Inc.**	Mobile	AL	251-634-2445
Oral Arts Dental Laboratories, Inc.**	Huntsville	AL	800-354-2075
Parkway Dental Lab	Opelika	AL	800-239-3512
Scrimpshire Dental Studio	Huntsville	AL	800-633-2912
Walker Dental Laboratory, Inc.	Decatur	AL	800-727-0705
Green Dental Laboratories, Inc.	Heber Springs	AR	800-247-1365
Continental Dental Laboratory	Phoenix	AZ	800-695-0155
Dentek Dental Laboratory, Inc.	Scottsdale	AZ	877-433-6835
DW Dental Laboratory	Phoenix	AZ	602-973-2166
Lafayette Dental Lab	Phoenix	AZ	800-996-9482
Lakeview Dental Ceramics	Lake Havasu City	AZ	928-855-3388
New West Dental Ceramics**	Lake Havasu City	AZ	800-321-1614
A & M Dental Laboratories**	Santa Ana	CA	800-487-8051
Advanced Dental Technology**	Chula Vista	CA	619-656-9422
Atlas Dental	Gardena	CA	866-517-2233
BDL Prosthetics**	Irvine	CA	800-411-9723
Beverly Hills Dental Studio	Beverly Hills	CA	800-215-5544
Bigler Dental Ceramics**	Tustin	CA	714-832-9251
Calibre Dental Ceramics	Santa Monica	CA	310-394-0464
Continental Dental Laboratories	Torrance	CA	800-443-8048
Creative Porcelain	Oakland	CA	800-470-4085
Crowns R Us	Brea	CA	866-315-8338
DentalLab.com	North Hollywood	CA	877-437-4647
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482
G & H Dental Arts, Inc.**	Torrance	CA	800-548-3384
Glidewell Laboratories**	Newport Beach	CA	800-854-7256
Great Smile Dental Lab	Northridge	CA	877-773-8815
Hogan Dental Laboratory	Huntington Beach	CA	800-622-9592
Ikon Dental Design	San Leandro	CA	510-430-9659
Iverson Dental Laboratories	Riverside	CA	800-334-2057
Mr. Crown Dental Studio	Santa Ana	CA	800-515-6926
Nash Dental Lab, Inc.	Temecula	CA	877-528-2522
NEO Milling Center	Cerritos	CA	562-404-4048
Nichols Dental Lab	Glendale	CA	800-936-8552
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
PCS Dental Lab	Foster City	CA	650-349-1085
Perfect Smile Dental Ceramics, Inc.	San Diego	CA	877-729-5282
Polaris Dental Laboratory**	Anaheim	CA	866-937-1563
Precision Ceramics Dental Laboratory**	Montclair	CA	800-223-6322
Riverside Dental Ceramics**	Riverside	CA	800-321-9943
Robertson Dental Lab	Lompoc	CA	800-585-3111
San Ramon Dental Lab	San Ramon	CA	800-834-4522
So Cal Dental Lab	Colton	CA	909-633-6462
Solitaire Smile Dental Laboratory LLC	San Diego	CA	619-819-7526
Williams Dental Laboratory	Gilroy	CA	800-713-5390
WORLD LAB U.S.A.	Irvine	CA	800-975-3522
Gnathodontics, Ltd.	Lakewood	CO	800-234-9515
Zinser Dental Lab, Inc.	Westminster	CO	303-650-1994

LABORATORY	CITY	STATE	PHONE
Dodd Dental Laboratories	New Castle	DE	800-441-9005
Carlos Ceramics Dental Lab	Miami	FL	305-940-4040
DigiTech Dental Restorations	Doral	FL	888-336-1301
Fox Dental Laboratory	Tampa	FL	800-282-9054
Knight Dental Group	Oldsmar	FL	800-359-2043
TLC Dental Laboratory	Orlando	FL	800-262-2547
New Image Dental Laboratory**	Morrow	GA	800-233-6785
Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
Ridge Craft Dental Laboratory	Lagrange	GA	800-516-0281
The Lab 2000, Inc.	Columbus	GA	800-239-3947
Eclipse Dental	Waterloo	IA	319-232-6020
Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
AOC Dental	Hayden	ID	800-729-1593
Eastside Crown & Bridge Inc.	Pocatello	ID	208-237-2525
Accudent Dental Laboratory	Lansing	IL	800-895-3565
Artistic Dental Studio, Inc.	Bolingbrook	IL	800-755-0412
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
Dental Arts Lincolnshire	Lincolnshire	IL	800-779-5089
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Prosthotech**	Sugar Grove	IL	630-466-8333
Quad City Dental Laboratory Inc.	Moline	IL	888-797-5707
Rockert Dental Studio	Wheaton	IL	800-665-1401
Vitality Dental Arts**	Arlington Heights	IL	800-399-0705
Image Dental Arts	Fort Wayne	IN	866-496-1160
Ito & Koby Dental Studio	Indianapolis	IN	800-288-6684
Lumident, Inc.	Indianapolis	IN	866-586-4336
Myron's Dental Laboratory	Kansas City	KS	800-359-7111
Keller Dental Laboratory	Louisville	KY	800-292-1894
CDS Dental Studio**	Bossier City	LA	800-259-7775
Crown Dental Studio	Shreveport	LA	800-551-8157
Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Arcari Dental Lab	Wakefield	MA	781-213-3434
Dental Studios of Western Massachusetts, Inc.	West Springfield	MA	413-787-9920
Northshore Dental Laboratories, Inc.	Lynn	MA	800-338-5850
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
Apex Dental Milling	Ann Arbor	MI	866-755-4236
Artistic Dental Lab**	Allen Park	MI	800-437-3261
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Davison Dental Lab	Flint	MI	800-340-6971
Dental Art Laboratories	Lansing	MI	800-444-3744
LaDouce Dental Lab	Saginaw	MI	989-799-0472
Olson Dental Laboratory	Clinton Township	MI	800-482-3166
Spartan Dental Lab	Lansing	MI	800-678-2227
U.S. Dental Laboratories	Southfield	MI	248-557-8029
Xcel Dental Studio	Flint	MI	810-733-0909
Dimension Dental Design	Hastings	MN	888-793-3682
Excel Dental Studios Inc.	Minneapolis	MN	800-328-2568
Harrison Dental Studio	West St. Paul	MN	800-899-3264
Saber Dental Studio	Brooklyn Center	MN	800-264-3903
Thoele Dental Laboratory	Waite Park	MN	800-899-1115

a more lifelike emergence profile

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

VS

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

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LABORATORY	CITY	STATE	PHONE
Trachsel Dental Studio Inc.**	Rochester	MN	800-831-2362
Webster Dental Laboratory	St. Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Becker Dental Lab, Inc.	Herculanem	MO	800-963-6691
Keller Laboratories, Inc.**	Fenton	MO	800-325-3056
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Midwest Dental Laboratory	St. Louis	MO	800-325-8011
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
Western Dental Arts	Billings	MT	406-652-1652
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
The Freeman Center	Stallings	NC	800-659-7636
Natural Ceramics Inc.	Fayetteville	NC	910-425-8296
Sirona InfiniDent	Charlotte	NC	800-659-5977
Kiess Kraft Dental Laboratory	Omaha	NE	800-553-9522
H & O Dental Laboratory	Manchester	NH	800-543-4312
Excel Berger Dental Laboratory	North Brunswick	NJ	800-438-3384
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Core 3D Centres, LLP	Las Vegas	NV	888-750-9204
Crown Dental Lab, LLC	Las Vegas	NV	702-432-4012
Digital Dental Studio	Henderson	NV	702-992-4055
Las Vegas Dental Studio	Las Vegas	NV	800-455-1598
Las Vegas Digital Dental Solutions**	Las Vegas	NV	800-936-1848
Creo Dental	New York	NY	212-302-3860
Elegant Dental Laboratories	Brooklyn	NY	877-335-5221
GP Dental Lab	Brooklyn	NY	718-339-4995
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
AccuTech Dental Lab	Reynoldsburg	OH	614-751-9888
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Northwest Ceramics Inc.	Columbus	OH	614-451-9597
ROE Dental Laboratory	Garfield Heights	OH	216-663-2233
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Tooth Fairy Dental Lab	Findlay	OH	419-429-8181
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Imperial Crowns Dental Laboratory	Broken Arrow	OK	866-207-0858
Applegate Dental Ceramics	Medford	OR	541-772-7729
Ceramicraft Dental Lab	Bend	OR	541-318-7808
Albensi Laboratories**	Irwin	PA	800-734-3064
DeLux Dental Laboratory	Reading	PA	800-541-5642
Dynamic Dental Group: Toothsmiths	Lititz	PA	717-626-8806
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
Maverick Dental Laboratories	Export	PA	866-294-7444
Newtech Dental Laboratories	Lansdale	PA	866-635-5227
Thayer Dental Laboratory	Mechanicsburg	PA	800-382-1240
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Bauer Dental Studio	Mitchell	SD	800-952-3334
Dental Prosthetics Lab	Clarksville	TN	931-647-2917
Hermitage Dental Lab	Hermitage	TN	615-889-4949
Peterman Dental Laboratory	Nashville	TN	800-476-1670
R-Dent Dental Laboratory	Bartlett	TN	877-733-6848
Rogers' Dental Laboratories	Athens	TN	800-278-6046
Wade Dental Ceramics	Maryville	TN	865-982-4324
Affordable Cosmetic Laboratories	Arlington	TX	860-258-0678
C & J Dental Lab	El Paso	TX	915-564-3800
Crystal Dental Ceramics	Richardson	TX	972-680-1660
Dental Dynamics Laboratory Inc.	Arlington	TX	800-640-8112
MDA Studio, Inc.	Corpus Christi	TX	888-544-3307
Natural Arts Dental Laboratory	San Antonio	TX	800-322-6235
Oral Designs Dental Laboratory, Inc.**	San Antonio	TX	800-292-5516
PCB Dental Lab	Richardson	TX	972-671-3894
Rose Dental Laboratory	Stafford	TX	281-565-3600
Stern Empire Dental Laboratory	Houston	TX	800-229-0214
Stern Reed Associates Dental Laboratory	Addison	TX	800-888-8341
Stern Tyler Dental Laboratory	Tyler	TX	800-926-1318
Accudent Dental Lab	West Jordan	UT	801-231-6161
Arrowhead Dental Laboratory	Sandy	UT	800-800-7200
Crown Laboratories Inc.	Sandy	UT	800-574-1911
Crystarr Dental Design	Salt Lake City	UT	800-343-2488
Epic Dental Studios**	American Fork	UT	801-756-1117
Evolution Dental Studio	Draper	UT	801-432-7446
Precision Milling Center	West Valley	UT	877-810-6210
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
Via Digital Solutions	Sandy	UT	888-484-6842
Art Dental Lab	Chantilly	VA	888-645-7541
NexTek Dental Studios	Manassas	VA	800-678-7354
The Point Dental Studio, LLC	West Point	VA	804-337-5477
McElvain Dental Laboratory	Colville	WA	509-684-8620
Ziemek Aesthetic Dental Lab	Olympia	WA	866-943-6357
Gessler's Dental Laboratory	Tomahawk	WI	715-453-4383
Haag Dental Laboratory	Kenosha	WI	262-694-4732
Lord's Dental Studio	DePere	WI	800-821-0859
Saber Dental Studio	Waukesha	WI	800-365-3210
Midtown Dental Laboratory	Charleston	WV	800-992-3368

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

CANADA

Core 3D Centres, LLP	Calgary	AB, Canada	877-308-7717
Highland Dental Laboratory	Calgary	AB, Canada	800-504-3199
Protec Dental Laboratories Ltd.**	Vancouver	BC, Canada	800-663-5488
Essex Dental Laboratory	Windsor	ON, Canada	888-377-3952
Impact Dental Laboratory	Ottawa	ON, Canada	800-668-4691
Smile Designs	Guelph	ON, Canada	519-836-1100
Carlton Dental Labs	Prince Albert	SK, Canada	800-667-5525

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SCIENCE

ADA Laboratories comprise a wealth of often overlooked assets

BY JEAN WILLIAMS

They may be tucked away on the fourth floor of ADA Headquarters, but the ADA Laboratories really stand out when it comes to dental research.

"It's one of those hidden member benefits that people don't really think about," said Dr. Ralph Howell, a general dentist who practices in Suffolk, Va. "But the ADA is at the forefront of developing scientific methods for testing dental materials and equipment, and it's nice to have an association looking out for you."

Dr. Howell took an opportunity—his third—to tour the labs in January with Dr. John Paul of Lakeland, Fla. It was Dr. Paul's first visit to the labs. They were at ADA Headquarters for a meeting of the ADA Council on Communications, of which both are members.

Fine adjustments: Senior laboratory technician Hank Shepelak adjusts the computerized 3-D milling machine in one of the ADA Laboratories.

"I was very impressed with the scientific labs and the scientists therein," Dr. Paul said. "My first thought was, I'm glad I'm on the communications council and a member of the House of Delegates so I can share some of their message. They may be one of the best kept secrets we have."

A group of dental students from University of Illinois at Chicago College of Dentistry visited the labs in early March as part of the ADA's Success Dental Student Programs.

Matthew Hamedani, a fourth-year dental student who is the Illinois State Dental Society delegate for UIC, said it was his first time visiting the labs. It held a few revelations for him: He didn't know so much research took place at ADA Headquarters, and he was impressed.

"It's important for us as dental students to see that there is an organization like the American Dental Association to safekeep our profession and the patients that we treat," Mr. Hamedani said. "That goes from the political aspect to the benchside in keeping up with the most advanced research and techniques as well as making sure that the products that are on the market meet the Seal of the ADA. That's very paramount if you think about it."

Housed in the Division of Science, the ADA Laboratories include a machine shop and a staff that includes dentists, dental material specialists, microbiologists, chemists and engineers.

The labs' chemistry department tests fluoride levels for some of the products in the ADA Seal of Acceptance program. The labs evaluate the performance of dental materials according to standards and guidelines set by the ADA. The laboratories are also involved in developing tests that could be used to revise or develop new ADA standards.

Additionally, the labs staff has helped lead and provide the scientific basis for the ADA's Health Screening Program, which has

Dropping in: Drs. Ralph Howell (center) and John Paul (right) visit Hank Shepelak in an ADA lab.

screened more than 60,000 dental professionals since its introduction at the Annual Session in 1964. Clinical information collected from the dental health care team at the ADA's Annual Session screening has contributed to one of the largest scientific databases pertaining to potential health risks associated with practicing dentistry.

The laboratories provide timely scientific findings on current and emerging public health issues identified by the ADA Council on Scientific Affairs and the ADA Research Agenda. The laboratories report the findings in peer-reviewed journals, presentations at scientific meetings and the ADA Professional Product Review, a quarterly online publication for clinicians.

"The ADA Laboratories are a key resource for members in several areas of research and testing," said ADA President Robert Faiella. "For instance, they're behind the scientific foundation for the unbiased Professional Product Review evaluations that guide clinicians on the purchase and use of products in dental practice."

Dr. Howell said that he's witnessed an evolution of the laboratories during his visits. "They're using computer-aided design and computer-aided manufacturing technology to make parts and pieces for machinery, which they didn't have before," he said. "Where they were making machinery and things by hand for lab testing, now they can use CAD-CAM technology to do it."

On his first visit to the laboratories, Dr. Paul said he was so enamored with the computer numerical control milling machine, which makes 3-D parts, that he wanted to take it home. "I want one really bad," he said with a laugh during a phone interview last month.

"I was amazed at what they're doing," Dr. Paul said, assuming the ADA central office involved pushing paper and not benchwork. He was introduced to a new dynamometer device that is used to test dental handpiece performance. "I was floored. I had no idea we were doing anything like that."

In addition to Seal product testing, the ADA Laboratories are currently evaluating products such as dental unit waterline treatment devices, bulk-fill composite materials, bisphenol A in dental materials, endodontic rotary files, apex locators, root canal irrigants, luting agents for ceramics, and disposable and hybrid high-speed handpieces for upcoming issues of the ADA PPR.

As did Drs. Howell and Paul, member dentists may schedule a tour of the ADA Laboratories when visiting ADA Headquarters. "We are on call to do a tour of the labs at a moment's notice," said Carol Balabanow, a coordinator in the ADA research laboratories.

To arrange a tour, contact Bridget Baxter at ext. 2397. ■

—williamsj@ada.org

AAP publishes report on dental implant inflammation reactions

The American Academy of Periodontology has published a report reviewing current knowledge of peri-implant mucositis and peri-implantitis, inflammatory reactions in the tissue surrounding dental implants that can lead to tissue destruction and implant failure.

The April edition of the Journal of Periodontology includes "Peri-Implant Mucositis and Peri-Implantitis: A Current Understanding of Their Diagnoses and Clinical Implications" to aid dental professionals in their diagnoses and disease prevention. The AAP board of trustees reviewed and approved the statement, which was developed by an expert committee that the AAP appointed.

The Journal of Periodontology is the official publication of the AAP. View the statement at joponline.org/doi/full/10.1902/jop.2013.134001. ■

Dental historian, researcher Dr. Hannelore Loevy dies

Ambassador: Dr. Hannelore Loevy, left, in 1965 presents an honorary certificate of membership to the Associacao Brasileria de Odontologia to Dr. Harold Hillenbrand, ADA executive director from 1946-69.

BY JEAN WILLIAMS

Dr. Hannelore Loevy, a world-renowned dental historian, researcher and a longtime professor at the University of Illinois at Chicago College of Dentistry, died March 24 in Chicago. She was 81.

"Dr. Loevy was a loyal faculty member and served as an effective representative of the College of Dentistry to the UIC Senate for many years," said Bruce Graham, UIC College of Dentistry dean. "She was a wise and knowledgeable parliamentarian for the college faculty meetings. She is a nationally recognized historian of the dental profession who has preserved the history of women in our profession for posterity. We shall miss her."

Dr. Loevy was born in Berlin, Germany. Her family immigrated to Sao Paulo, Brazil, and she earned her degree in dentistry from the University of Sao Paulo in 1952.

In 1959, Dr. Loevy earned a master's degree in pediatric dentistry from UIC College of Dentistry and in 1961 earned a Ph.D. in anatomy from the university's College of Medicine.

Prior to retiring in 2006, Dr. Loevy served as faculty in three departments at UIC: department of anatomy in the College of Medicine, 1963-65; department of pharmacognosy and Pharmacology in the College of Pharmacy, 1968-72; and department of pediatric Dentistry in the College of Dentistry, 1972 until retirement.

Dr. Indru Punwani, former head of the pediatric dentistry department at UIC, worked with Dr. Loevy's during her entire career at UIC.

"In 1972, she and I started as colleagues together," Dr. Punwani said. "I was the graduate program director, and she was on the faculty until she retired. I was a sitting department head for most of the period, so we knew each other quite well. She was a very committed and passionate worker. She was quite a productive person in terms of editing and writing and involvement in different dental honor societies. She was a very active individual with organized dentistry as well as academic dentistry. She was regarded very well as a teacher."

Dr. Loevy also served on the faculty of the University of Sao Paulo, Brazil; the Loyola University Chicago Stritch School of Medicine; and the Northwestern University schools of dentistry and medicine.

Her career highlights include achievements as a pediatric dentist; researcher; histology, pharmacology and pediatric dentistry professor; dental historian; and author/editor. She was prominent in local and national organized dentistry and held such leadership positions over the years as president of the Chicago Section of the American Association for Dental Research/International Association for Dental Research; president of the Illinois Society of Pediatric Dentists; former chair of the College of Dentistry Elections and Credentials Committee.

She also was the first woman to serve as regent in the International College of Dentists and the first woman chair of the Board of Governors of the Odontographic Society of Chicago.

She was editor of the Journal of the History of Dentistry from 1988-2005 and a past editor of the Journal of Dentistry for Children. She authored "Dental Management of the Child Patient," a book published in 1981, and translated "Differential Diagnosis of Diseases of the Oral Mucosa" (1989) and "Diseases of the Oral Mucosa" (1994) into English from German.

In 2005, Dr. Loevy won the Lindsay Medal from the Lindsay Society for the Study of the History of Dentistry, of Great Britain, in recognition of her work in dental history and as

See DR. LOEVY, Page 22

ADA-developed mouthguard standard highlighted during March Madness

BY JEAN WILLIAMS

In an online article March 19, the American National Standards Institute highlighted the importance of standards in the world of sports and mentioned the ADA-developed standard for mouthguards as one of note.

The American Dental Association is accredited by ANSI to develop standards to help ensure that dental products are safe and reliable.

The ANSI article mentioned the standard that the ADA developed for mouthguards made from thermoplastic or thermosetting polymeric materials. Said the article, "The ANS [American National Standard], ANSI/ADA 99-2001 (R2007), Athletic Mouth Protectors and Materials, covers mouthguards that can be formed by pressing the material against an individual's teeth or on a model of their teeth, and includes requirements for packaging and labeling associated with these products."

The ANSI article looked at standards through the prism of the National Collegiate Athletic Association Men's Division I Basketball Championship, informally known as March Madness, noting that standards are in place for a range of tournament-related products and elements. These include such areas as channel coding and modulation for digital multiservice distribution systems used by cable networks; lighting setups; athletic footwear; and, of course, protective mouthguards.

ADA volunteers completed the ANSI/ADA Standard No. 99 for Athletic Mouth Protectors and Materials in 2001 and reaffirmed it in 2007 to specify requirements for developing a prophylactic device to prevent injuries related to contact sports, including basketball. ■

Sports dentistry meeting Aug. 1-3

BY STACIE CROZIER

Philadelphia—From hands-on continuing education to inspiring messages from world class athletes and leaders in the field, the Academy for Sports Dentistry's 31st Annual Symposium Aug. 1-3 features an action-packed lineup for dentists who want to step up their game in working with sports dentistry patients.

"This year, our planning committee wanted to ramp up the level of presentations and the variety of topics for all of our attendees," said Dr. Rick Knowlton, 2013 annual meeting chair. "Because Philly is one of the hot beds for dental education as well as sporting activities, we gathered some of the top speakers in both the fields of dentistry and athletics to present at our symposium, with the theme 'Enhancing the Vision of Sports Dentistry.' "

Courses will cover the variety of roles the team dentist plays; recognition and treatment of dental trauma, preparation and readiness from preseason to game time; and medication use for athletes. Other topics include legal considerations for team dentists; recent changes in the treatment of avulsions; how to effectively market sports dentistry skills, sleep apnea issues for athletes; evaluation and management of concussions; and effective restoration of anterior teeth after trauma. The symposium also features a variety of hands-on workshops, including custom mouthguard fabrication, intra-oral suturing; and comprehensive oral cancer screening, lesion assessment and biopsy techniques.

Dr. Steve Perlman, founder and global clinical director of the Special Olympics Special Smiles program, will discuss screening protocol, referral and sports injury prevention for patients with developmental disabilities. William Moreau, D.C., managing director of sports medicine of the United States Olympic Committee will speak on improving dentistry for Olympic athletes. Professional mountain climber Sam Elias will share photos and videos and recount his experiences as an athlete, including his Mt. Everest climb and how he has dealt with training stress and injuries on his road to becoming a world-class athlete.

The welcome reception, continental breakfasts, exhibition, recognition lunch and the president's reception are included in the registration fee. The meeting will convene at the DoubleTree by Hilton Hotel Philadelphia Center City. A special group rate for hotel rooms is available for the meeting.

For more details or to register, visit the website: academyforsportsdentistry.org. ■

Special attention for Sjogren's syndrome in April

Bethesda, Md.—More than 4 million Americans suffer from Sjogren's syndrome, according to the Sjogren's Syndrome Foundation, and the syndrome is in the spotlight in April, which is national Sjogren's Awareness Month.

With Sjogren's syndrome, a person's white blood cells attack his or her moisture-producing glands. The disease is often underdiagnosed or misdiagnosed, says the SSF. The most common symptoms of Sjogren's syndrome include dry mouth and eyes, fatigue and musculoskeletal pain. The disease is more prevalent in women, who account for nine out of 10 patients with the disease, SSF says.

During Sjogren's Awareness Month, SSF encourages health care professionals, especially dentists, eye doctors and gynecologists, to keep the chronic disease top of mind as sufferers often are misdiagnosed on average for 4.7 years before a determination of Sjogren's syndrome is finally made, says SSF.

New York-based Carroll Petrie Foundation has donated $100,000 to SSF to help the organization increase awareness.

SSF is a nonprofit organization based in Bethesda, Md.

It was founded in 1983 to provide patients with practical information and coping strategies that minimize the effects of Sjogren's. SSF also acts as a clearinghouse for medical information and a national advocate in the battle against the disease.

The Carroll Petrie Foundation is a private foundation based in New York City.

For more information about Sjogren's syndrome, visit sjogrens.org. The National Institutes of Health (nih.gov) and the National Institute of Dental and Craniofacial Research (nidcr.nih.gov) also have resources on Sjogren's syndrome.

Based at the University of California, San Francisco, the Sjogren's International Collaborative Clinical Alliance (sicca.ucsf.edu/index.html) is another source of information. SICCA is a collaboration of clinical and laboratory investigators from institutions worldwide who study individuals with Sjogren's syndrome and compile the International Sjogren's Syndrome Registry. ■

Membership a bargain for recent grads

Did you know that recent graduates can take advantage of special savings on ADA membership dues during their first four years following dental school graduation?

It's true.

- The first year following dental school graduation, the national dues rate is $0;
- The second year, it's 25 percent of full dues ($131);
- The third year, it's 50 percent ($261);
- The fourth year, it's 75 percent ($392);
- The fifth year and thereafter, 100 percent ($522).

If you haven't joined the ADA yet, contact us now to start taking advantage of the benefits that more than 157,000 of your colleagues already enjoy. If you're in a residency or advanced dental education training program, you'll pay $30 while in training and continue with reduced dues once you've completed your training.

To apply for membership, complete an application at ADA.org/join; contact your state dental association; or call 1-312-440-2500. ■

Dr. Loevy

Continued from Page 20

editor of the Journal of the History of Dentistry. The medal commemorates the accomplishments of Dr. Lilian Lindsay, who was the first woman president of the British Dental Association and her husband, Dr. Robert Lindsay.

Dr. Loevy won other awards and honors for her accomplishments, including the Merle C. Hunter Leadership Award of the American Academy of Pediatric Dentistry; Distinguished Service Award from the Craniofacial Biology Group of the International Association for Dental Research; the Award of Merit from the Odontographic Society of Chicago; and UIC's F. William Towner Award in 2004.

A daughter, Luciana Taschini, survives her. Husband, Dr. Pierangelo Taschini, and daughter Thea Clara Taschini preceded her in death.

Services were held March 28 in Chicago. ■

—williamsj@ada.org

ADA Foundation names first Dr. Ray Bowen winner

In cooperation with the Academy of Operative Dentistry, the American Dental Association Foundation awarded the first biennial Dr. Ray Bowen Student Research Fellowship to a predoctoral student at the University of Michigan School of Dentistry.

Shalini S. Kamodia received the 2013 fellowship this spring for her proposed research project Remineralizing Deproteinated Enamel Caries Lesions with Carbonated Amorphous Calcium.

Formerly known as the George C. Paffenbarger Student Research Award, the fellowship was renamed to honor the nearly 60-year career of Dr. Bowen, credited as the inventor of resin composites and dentin adhesives and an internationally recognized authority on composite materials.

The fellowship is awarded every two years and provides $6,000 to support the proposed research and up to $1,000 to defray the cost of the winner's attendance at the Academy of Operative Dentistry's scientific session to present a table clinic based on the proposed research. Any dental student at any level is eligible if he or she has a research mentor who belongs to the Academy of Operative Dentistry and who will provide guidance and serve as a co-investigator on the winning project.

To make a tax-deductible donation to the ADAF to support the Dr. Bowen Fellowship or other efforts, visit www.adafoundation.org or call 1-312-440-2547. ■

Ms. Kamodia

Dr. Bowen

JADA updates submission requirements

BY LISBETH MAXWELL

The Journal of the American Dental Association is making some changes aimed at bringing The Journal even more in line with the other top scientific publications in health care.

"JADA's editors have always taken pride in The Journal's status as the ADA's flagship publication, and our goal is to ensure that manuscripts submitted to JADA meet the highest scientific standards," said Dr. Michael Glick, JADA editor. "These new requirements will help keep JADA readers up to date on clinical developments in the field, in a way that reflects the best of scientific publishing."

Starting June 1, authors submitting manuscripts to JADA will have to meet the following requirements:

- Each author must provide a statement of responsibility detailing what he or she contributed to the manuscript.
- Authors of articles about clinical trials must adhere to the Consolidated Standards of Reporting Trials statement (www.consort-statement.org/consort-statement/overview0/).
- Authors of articles about clinical trials that began enrollment of participants on or after March 1 this year must register the trials publicly before any participants are enrolled in the study. Trials that began enrollment before March 1 also must be registered, but registering trials after enrollment of participants has begun is acceptable. Clinical trials need not be registered on any specific website; a list of registries acceptable to JADA is available on the International Committee of Medical Journal Editors website at www.icmje.org/faq_clinical.html.
- Authors of manuscripts about clinical trials must use intention-to-treat analysis.
- Authors of systematic reviews must adhere to Preferred Reporting Items for Systematic Reviews and Meta-Analyses, available at www.prisma-statement.org/statement.htm.
- Authors must ensure that their articles describe practical implications of their findings; in other words, they must answer the question, "What does this mean for a dentist's practice?"
- Where possible, authors should provide information on further resources regarding the clinical and practical implications of their articles.

Further information is available online in JADA's guidelines for authors at ADA.org/995.aspx.

Editor's note: Ms. Maxwell is the editorial director of The Journal of the American Dental Association. ■

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Thursday, Oct. 31

ADA Presidential Whistle Stop

Opening General Session and Distinguished Speaker Series, featuring President Bill Clinton

Continuing education courses

World Marketplace Exhibition

Friday, Nov. 1

Continuing education courses

World Marketplace Exhibition

House of Delegates

ADA Foundation Give Kids A Smile® Gala

New Dentist Reception

Saturday, Nov. 2

Continuing education courses

World Marketplace Exhibition

House of Delegates Reference Committee Hearings

Sunday, Nov. 3

Continuing education courses

ADA Mission of Mercy

House of Delegates

Monday, Nov. 4 and Tuesday, Nov. 5

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ADA Presidential Whistle Stop

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Health and Fitness Center

Select from a variety of lectures on posture techniques, nutrition, fitness and more. The Lunch and Learn options are another way to maximize your time.

ADA365

All ADA members have online access to ADA365 year-round, with select Annual Session courses available for viewing on-demand.

Register at **ADA.org/session**

1. Register for the meeting

Once you register, you can return to the system to add courses and special events later. Don't wait too long, though, because all tickets are available on a first-come, first-served basis.

2. Reserve your hotel room

Stay at an ADA official hotel during the Annual Session and take advantage of special ADA rates that include in-room Internet access and other amenities.

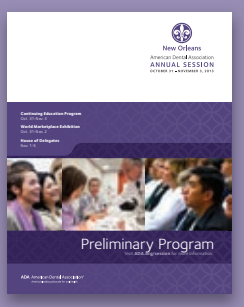
3. Book your flight

Book discounted flights on American, Delta and United Airlines through Gant Travel, ADA's official travel partner. Be sure to book early to ensure your first choice of flights!

4. Build your schedule

All Annual Session courses are ticketed, even free lectures. Refer to Preliminary Program online at ADA.org/session, and use eventScribe to search for courses and build your customized schedule.

Tickets for fee courses, Education in the Round and workshops guarantee your seat for the duration of the course. Tickets for no-fee courses hold your seat until the published start time of the course.



If you would like to request a hard copy of the Preliminary Program mailed to you for free in May, visit ADA.org/session or call the Member Service Center at 800.947.4746.

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Free CE, camaraderie drive high turnout for N.Y. new dentists

BY KAREN FOX

New Hyde Park, N.Y.—For many dentists, society meetings are the No. 1 source of information sharing and networking.

Recognizing the value of these events, some are taking steps to reinvigorate theirs through special offerings. In the fall of 2012, the Nassau County and Queens County dental societies of New York partnered to sponsor a Young Dentist Program exclusively for new dentists that included a free continuing education component.

"It was tremendously successful for a first-time event," Dr. Stuart Jay Heimann, chair of the NCDS New Dentist Committee, said of the more than 140 who attended. Dr. Heimann co-chaired the event with Dr. Albert Yoo of the Queens County Dental Society.

"To have such a big group turn out, and the fact that 98 percent of them were under age 40, really tells us that people are looking for this type of event where they can come together and socialize, network and learn," said Dr. Heimann. "We tend to practice disconnected from people, but events like this give everyone an opportunity to connect."

"The event was a great success, not just because of the incredible turnout, but because it showed what is possible when we pull resources together to organize a great meeting," added Dr. Yoo. "The attendees saw that the value of organized dentistry is more than political action and discussion—it can also be a great time."

New dentists: Dr. Stuart Jay Heimann (right) and Dr. Albert Yoo co-host the event.

NCDS and QCDS were able to sponsor the event at a popular Long Island restaurant at no charge to participants thanks to contributions from Colgate, Patterson, Henry Schein, Nobel Biocare, Nu Life Long Island and Bank of America, and funds from the ADA through the Membership Program for Growth.

The ADA Council on Membership started the Membership Program for Growth in 2010 to provide the tripartite with the ability to work together to build membership growth by developing and implementing customized marketing plans and campaigns. The ADA received more than 100 applications in 2012 and the council funded 86 programs. The council is in the process of gauging the results of those programs.

New dentists are an important segment of membership for dental societies, and getting them involved early on is key to their personal and professional development.

"These functions probably do two things," explains Dr. Heimann. "One is to inform members by giving them the tools to be successful in their careers. Dental societies want new dentists to become familiar with the ADA and its societies so they know that these organizations are looking out for them. A secondary goal is to help them meet other new dentists who often have similar experiences at this point in their careers."

Having a robust CE offering was key to high attendance, Dr. Heimann added. The program included a presentation by periodontist Dr. Alicja McCrudden on Socket Preservation and Ridge Augmentation. Dr. Mark Bauman, ADA Council on Membership chair, and Dr. Maria Maranga, New York State Dental Association Council on Membership chair, shared information on peer review, professional liability and the NYSDA registry of member CE that ensures members are meeting state licensing requirements.

Valued CE: Periodontist Dr. Alicja McCrudden presents her workshop to 140 new dentists on Long Island in October 2012.

The event was only the beginning of a long-term effort to involve new dentists, said Dr. Heimann.

"If only a few new dentists become active after an event like this, I think that's a success," said Dr. Heimann. "We started a dialogue here and now we have to keep it going." ■

—foxk@ada.org

FDI Congress seeks to connect dentists worldwide in Istanbul

BY STACIE CROZIER

Istanbul—In the city where Europe and Asia are connected by a pair of magnificent suspension bridges, dental professionals from around the world will be "Bridging Continents for Global Oral Health" during the FDI World Dental Congress Aug. 28-31, at the Istanbul Congress Center.

A preliminary program is available on the congress website, fdi2013istanbul.org. Early registration discounts are available through May 31.

The FDI World Dental Federation and the Turkish Dental Association are collaborating to organize the congress. The FDI, with some 200 member national dental associations and specialist groups from more than 130 countries, serves as the principal representative body for more than 1 million dentists worldwide.

Photos courtesy Turkish Culture and Tourism Office

Istanbul shopping: The Grand Bazaar offers a unique experience for both visitors and residents.

"Istanbul needs little introduction: straddling the Bosphorus—one of the world's busiest waterways—it is Turkey's cultural capital, former seat of four empires and, today, an attractive destination for international meetings, boasting a brand new state-of-the-art convention center and wide choice of world-class hotels and other accommodations," said Dr. Orlando Monteiro da Silva, FDI president, and Dr. Taner Yücel, TDA president in a joint invitation. "Easily accessible by road rail, sea and air, Istanbul offers the visitor an unforgettable experience with its colorful neighborhoods, warm, sunny climate, especially in late August, hospitable local population and superb cuisine and entertainment."

"The congress is a wonderful opportunity for ADA members to participate in an international dental congress and to network with the international dental community including dentists from other FDI member associations," said Dr. Kathryn Kell, a general dentist in Davenport, Iowa, and treasurer of the FDI World Dental Federation.

The congress will feature a broad scientific program including panel discussions, conferences, poster presentations, forums and interactive sessions on dentistry's cutting edge topics and disciplines. The program will also feature morning breakfast meetings, meet the expert sessions, a year in review session and courses for other oral health team members. The official language of the congress is English and the FDI World Dental Federation is an approved ADA CERP provider.

Attendees who are interested the latest developments in dental technology and oral care from local, regional and global suppliers can attend the congress's free 5,000-square-meter exhibition.

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

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

The FDI has planned several short tours that highlight Istanbul's many treasures and attractions. Guests can explore sites including the Roman Hippodrome (an ancient chariot race track), the Serpentine Column, the Column of Constantine, the Egyptian Obelisk, the Church of St. Saviour, the Byzantine Basilica, the Topkapi Palace, the Grand Bazaar, Hagia Sophia Museum, the Basilica Cistern, the Istanbul Archaeological Museum and the Ottoman Blue Mosque. Two tours also feature cruises.

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

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

Breathtaking views: The Ortakoy Mosque is one of Istanbul's landmarks.

Focus on Oklahoma oral surgeon puts spotlight on infection control in dentistry

BY JEAN WILLIAMS

Tulsa, Okla.—In the wake of reports of an alleged breach of standard infection control practices by a Tulsa, Okla., oral surgeon last month, the ADA is reinforcing its ongoing message that dental health professionals take every precaution to protect patients and themselves.

According to the Oklahoma State Department of Health, some 7,000 patients potentially were exposed to bloodborne viruses, including human immunodeficiency virus, hepatitis B and hepatitis C. The Tulsa Health Department, the Oklahoma State Department of Health and the Oklahoma Board of Dentistry are jointly investigating the oral surgeon, as stated in a letter to patients on the OSDH website.

The dental board "so far has found numerous violations of health and safety laws and major violations of the State Dental Act," said a March 28 OSDH news release. "Dental Board investigators have been assisted by agents from the Oklahoma Bureau of Narcotics and the United States Drug Enforcement Administration concerning the maintenance, control and use of drugs on the premises."

Authorities are notifying the thousands of patients who have visited the oral surgeon since 2007, advising them to be tested for potential infection. About 1,700 patients had been tested at press time.

Susan Rogers, Oklahoma Board of Dentistry executive director, and Dr. Brad Hoopes, board president, told the ADA News that the 11-member board has followed the lead of the state's health department in pursuing an investigation. The department of health had spent three months on the investigation before alerting the dental board, they said.

"I feel the board has done exactly what they should have done," Dr. Hoopes said. "We appointed a review panel. We've reviewed it [the allegations]. We did a statement of complaint. We suspended his license initially, and he is set for a hearing the 19th of this month. That is the normal procedure we'd do with any issue like this. The only difference with this one is obviously the health department went in front of us. They took the ball and did what they felt they had to do."

Dr. Hoopes said that "no portion of the dental board or organized dentistry had control over" any of the information the health department released.

The board ordinarily meets quarterly, and the next regular meeting is in August. The April 19 emergency hearing is the oral surgeon's right, Ms. Rogers said.

"By our state law, he has a right to a hearing for an emergency temporary suspension within 30 days," Ms. Rogers said. "He can waive it, and we will sit for a formal, pending hearing for a final determination on his license."

Ms. Rogers said the hearing is the beginning of due process, and a dentist can appeal a board decision to the district court.

After the story broke in the national media March 28, the ADA distributed two Issues Alerts to members that cited resources on infection control. The Association also addressed the breaking news story in a press release on March 29, and ADA spokespersons have been quoted in national media reports of the case.

ADA President Robert Faiella communicated with dental leadership groups about the evolving story in the April 5 edition of the ADA's Leadership Update.

"When standard infection control practices as recommended by both the CDC and the ADA are followed, dental offices remain an extremely safe place to receive oral health care," noted Dr. Daniel Meyer, senior vice president, ADA Division of Science and Professional Affairs.

Resources are available on the topic of standard precautions for infection control and prevention from the ADA, the Centers for Disease Control and Prevention and the Organization for Safety, Asepsis and Prevention. The CDC is calling particular attention to materials on injection safety and effective sterilization procedures and monitoring.

Some CDC resources include:

- Guidelines for Infection Control in Dental Health-Care Settings (2003), including a Power Point slide presentation. Find these resources at cdc.gov; search for the title provided here.
- Safe Injection Practices in Dentistry. Visit CDC.gov and search for this title.
- The One and Only Campaign. Visit www.oneandonlycampaign.org for details about this CDC campaign with the goal of raising awareness among patients and health care

See OKLAHOMA, Page 30

ADA infection control guide bases instruction on clinical procedures

Infection control and prevention receive in-depth coverage in the revised edition of the ADA Practical Guide to Effective Infection Control, a 40-minute DVD and workbook.

Actual clinical procedures are used in the DVD presentation to illustrate correct, safe and efficient infection control, and the workbook reinforces the topics covered on the DVD.

The new edition includes:

- an expanded section on work practice controls for needles and other sharps;
- World Health Organization hand rub and hand wash instructional illustrations;
- updated infection control guidelines for radiographic procedures.

Additional topics include:

- guidelines for disinfection of dental prostheses and impressions, chairside infection control and more;
- updated lists of recommended resources and Web resources for current information regarding infection control;
- self-assessment checklist of current infection control practices.

The guide includes a CE test worth eight hours of continuing education credit.

The ADA Practical Guide to Effective Infection Control (P692) is available is $135 for members and $202.50 for nonmembers. Through April 30, buyers can receive $20 off the purchase price using promotional code 13121.

Visit ADAcatalog.org for additional product details or to order, or call 1-800-947-4746. ■

Safety checklist on ADA.org

The ADA Council on Dental Education and Licensure sponsors a Safety Awareness Campaign to promote the need for the dental team to routinely inspect their office equipment and supplies.

A safety checklist is available for dentists and their staff to use as a guide to inspect for safety and a variety of equipment and supplies such as nitrous oxide apparatus, sterilization protocols and medications in emergency drug kits.

Download a copy of the checklist at ADA.org/1692.aspx. ■

Oklahoma

Continued from Page 29

providers about safe injection practices.

The ADA is also working with the Organization for Safety, Asepsis and Prevention in reaching out to the dental community.

- OSAP's website at www.osap.org also provides information about proper infection control, and patient and provider safety.

ADA online resources include:

- Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry (ADA.org/1851.aspx);
- Statement on Infection Control in Dentistry (ADA.org/1857.aspx);
- Monitoring Sterilizers (ADA.org/4079.aspx);
- ADA Professional Product Review article (December 2012, Volume 7: Issue 3), "Safe Injection Practices: Protecting Dentists, Their Staff and Their Patients." Visit ADA.org/271.aspx and click Archives on the left side to find the 2012 issues.

Another ADA resource, the ADA Practical Guide to Effective Infection Control, is also available as an information resource. (See story, this page.)

A March 29 online ADA News article includes talking points dentists may use if their patients express concerns about safety (ADA.org/news/8459.aspx). ■

Louisville students learn to manage oral-systemic problems as team

BY KAREN FOX

Louisville, Ky.—Interdisciplinary team-building is underway at the University of Louisville.

A new educational initiative will have nursing and dental students collaborate to better identify and manage systemic diseases such as diabetes and cardiovascular disease. The schools of nursing and dentistry received nearly $1.1 million from the U.S. Department of Health and Human Services Health Resources and Services Administration in 2012 to support the project.

The shift in education reflects the work of the Interprofessional Education Collaborative, a consortium of organizations including the American Dental Education Association, American Medical Association and American Association of Colleges of Nursing, which has highlighted the need for students in health professions to become proficient collaborators so they are better prepared to practice effective team-based care.

U of L students will take combined courses to better prepare nursing students to conduct oral examinations and dental students to broaden their knowledge on how oral health is connected to overall health.

"As research continues to link oral health and general health, we understand the need for this type of education," said Dr. John Sauk, dean of U of L School of Dentistry. "Oral diseases, for example, can point to undiagnosed diabetes or poor nutrition. We know there is a correlation between a certain bacteria in the mouth and heart disease. This partnership can teach students in both disciplines how to manage oral-systemic problems."

U of L's nursing and dental schools would like to be part of a new paradigm of health care delivery, where patients can receive primary care and dental care in one stop like the model established at the New York University colleges of nursing and dentistry.

"It is not unusual for dentists to screen for highly prevalent health conditions like diabetes and heart disease," said Dr. Wendy Hupp, U of L assistant professor of oral medicine. "As the population continues to age and struggle with chronic illness, we see the need for new effective forms of health care delivery. NYU's model offers reciprocal referral and consultation opportunities between the dental clinic and the nurse practitioner-managed faculty practice."

A poll conducted of dental school patients showed that 27 percent had no primary care provider and 66 percent would seek primary care at a nurse practitioner-managed clinic if one were available.

"If we were able to offer a nurse practitioner-managed primary care clinic here at the dental school, the benefit to patients would be profound," Dr. Hupp added. ■

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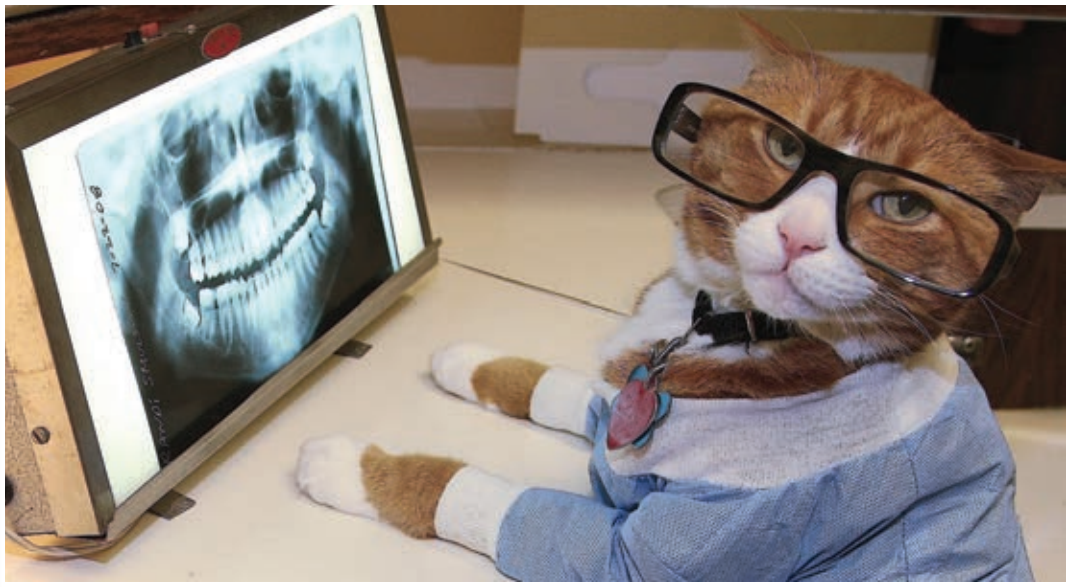

Paging Dr. Buffy: Buffy the cat interprets a radiograph at Dr. Paul Smulson's office in Chicago. Dr. Smulson, an oral surgeon, published a book of photos of Buffy in various scenarios. "No Dogs Allowed, Buffy the Cat" shows Buffy voting, riding a motorcycle, acting as a lifeguard and tailgating at a Chicago Bears game, among many other activities. Dr. Smulson is a photographer by hobby, having worked as a sports photographer for the Chicago Defender for 15 years. You can learn more about Buffy and see more photos at www.buffythecat.com. Dr. Smulson said a portion of the proceeds from the sale of the book go toward an animal shelter.

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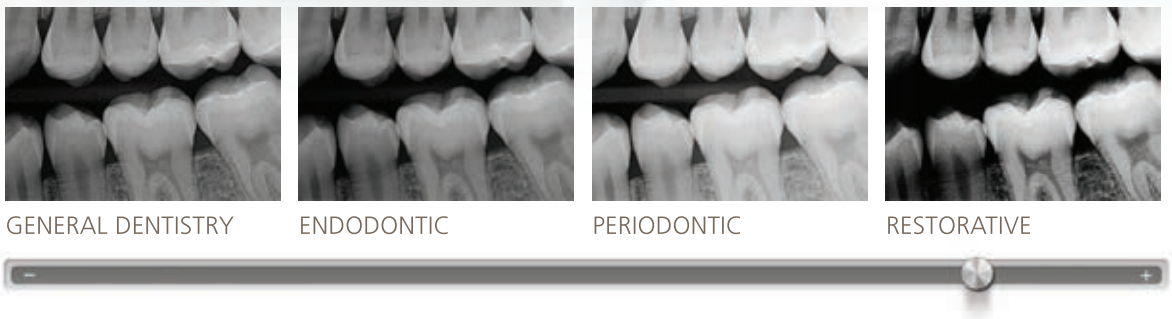

GLOBAL NUMBER 1

The Dental Company

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Free CE, camaraderie drive high turnout for N.Y. new dentists

BY KAREN FOX

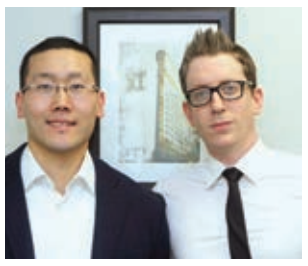
New Hyde Park, N.Y.—For many dentists, society meetings are the No. 1 source of information sharing and networking.

Recognizing the value of these events, some are taking steps to reinvigorate theirs through special offerings. In the fall of 2012, the Nassau County and Queens County dental societies of New York partnered to sponsor a Young Dentist Program exclusively for new dentists that included a free continuing education component.

"It was tremendously successful for a first-time event," Dr. Stuart Jay Heimann, chair of the NCDS New Dentist Committee, said of the more than 140 who attended. Dr. Heimann co-chaired the event with Dr. Albert Yoo of the Queens County Dental Society.

"To have such a big group turn out, and the fact that 98 percent of them were under age 40, really tells us that people are looking for this type of event where they can come together and socialize, network and learn," said Dr. Heimann. "We tend to practice disconnected from people, but events like this give everyone an opportunity to connect."

"The event was a great success, not just because of the incredible turnout, but because it showed what is possible when we pull resources together to organize a great meeting," added Dr. Yoo. "The attendees saw that the value of organized dentistry is more than political action and discussion—it can also be a great time."



New dentists: Dr. Stuart Jay Heimann (right) and Dr. Albert Yoo co-host the event.

NCDS and QCDS were able to sponsor the event at a popular Long Island restaurant at no charge to participants thanks to contributions from Colgate, Patterson, Henry Schein, Nobel Biocare, Nu Life Long Island and Bank of America, and funds from the ADA through the Membership Program for Growth.

The ADA Council on Membership started the Membership Program for Growth in 2010 to provide the tripartite with the ability to work together to build membership growth by developing and implementing customized marketing plans and campaigns. The ADA received more than 100 applications in 2012 and the council funded 86 programs. The council is in the process of gauging the results of those programs.

New dentists are an important segment of membership for dental societies, and getting them involved early on is key to their personal and professional development.

"These functions probably do two things," explains Dr. Heimann. "One is to inform members by giving them the tools to be successful in their careers. Dental societies want new dentists to become familiar with the ADA and its societies so they know that these organizations are looking out for them. A secondary goal is to help them meet other new dentists who often have similar experiences at this point in their careers."

Having a robust CE offering was key to high attendance, Dr. Heimann added. The program included a presentation by periodontist Dr. Alicja McCrudden on Socket Preservation and Ridge Augmentation. Dr. Mark Bauman, ADA Council on Membership chair, and Dr. Maria Maranga, New York State Dental Association Council on Membership chair, shared information on peer review, professional liability and the NYSDA registry of member CE that ensures members are meeting state licensing requirements.

Valued CE: Periodontist Dr. Alicja McCrudden presents her workshop to 140 new dentists on Long Island in October 2012.

The event was only the beginning of a long-term effort to involve new dentists, said Dr. Heimann.

"If only a few new dentists become active after an event like this, I think that's a success," said Dr. Heimann. "We started a dialogue here and now we have to keep it going." ■

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