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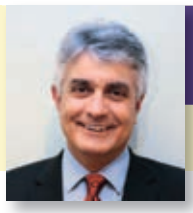

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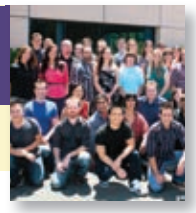

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ADA News

SEPTEMBER 2, 2013 VOLUME 44 NO.16

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BRIEFS

Registration, fees for ADA Annual Session to rise after Sept. 20

Save on registration and course fees by signing up for the ADA Annual Session by Sept. 20.

After the deadline, registration and course fees increase. Visit ADA.org/session for more information and to register.

Hotel rooms are going fast. Log in to the registration system today to get the best

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rates at one of the ADA's 40 official hotels.

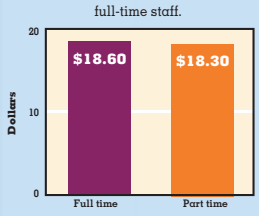
The deadline for booking rooms at ADA official hotel block rates, or canceling or changing your existing reservation, is Oct. 11 at 5 p.m. Central time. Hotel reservations may still be made after this date based on

See DEADLINE, Page 10

JUST THE FACTS

Secretary/receptionist hourly wages

Among secretaries/receptionists in dentists' private practices in 2011, average wages were higher for full-time staff.



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

CDA challenges Delta Dental

BY KELLY SODERLUND

Sacramento, Calif.—The California Dental Association and several individual dentists filed a formal demand for arbitration with Delta Dental of California to challenge Delta's unilateral decision to revise two significant provisions to its provider agreements.

INSIDE
CDA Cares boosts legislative effort, Page 7

The first revision restricts dentists' ability to use arbitration to challenge Delta's actions, and the second eliminates the current requirement that Delta provide justification for changing its reimbursement fees. CDA officials point out that both are key provisions that have been in participating dentist agreements for many years. The demand for arbitration, which was filed with the American Arbitration Association, is the step required by the provider agreements in order to raise this type of issue.

See CDA, Page 23

ACA: Changing dental benefits landscape

A look at the effect of market forces under Affordable Care Act

The "Patient Protection and Affordable Care Act," shorthanded as the ACA and as this series of reports will refer to it, has the potential to reshape health care in America. Expansion of medical insurance coverage, a move toward more integrated care delivery and significant changes in the financing of health care are among the expectations of ACA legislators and regulators.

The Association's primary focus has been the law's potential effects on dentistry and the delivery of dental services to patients.

The first and second ADA News ACA Q-and-As Aug. 5 and 19 are posted online at ADA.org. This report continues an examination of the ACA and dental benefits and looks at an ACA pilot project for accountable care organizations. Member questions on ACA implementation may be directed to the dedicated email address healthreform@ada.org.

AFFORDABLE CARE ACT

Third in a series of articles

Changes in dental benefit programs due to market-related forces are ongoing and well documented. The effect of the ACA on dental benefit programs is speculative, but certain projections can be made. American Dental Association Health Policy Resources Center data suggest that market changes will continue under the Affordable Care Act.

See LANDSCAPE, Page 18

CODA renewal through 2017

BY CRAIG PALMER

Washington—U.S. Department of Education renewal of ADA's Commission on Dental Accreditation as a nationally recognized accrediting agency "is critical in support of CODA's mission to serve the oral health care needs of the public

See CODA, Page 19

Fighting caries: Brannon Myrick (center, holding his daughter, Leighton, 4) poses with his fellow second-year dental students at the University of Mississippi Medical Center School of Dentistry. Through Mr. Myrick's efforts, the Central Mississippi Down Syndrome Society received a 2013 ADA Foundation Samuel D. Harris Fund for Children's Dental Health grant. Story, Page 12.

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Association of Retiring Dentists to meet

Manchester, N.H.—Learn about retirement planning and transitioning a dental practice at The Association of Retiring Dentists' fifth annual meeting Oct. 25.

During the morning session, which begins at 8:30 a.m., Jeff Wuorio, author of "The Complete Idiot's Guide to Retirement Planning," will present The Finances and Freedom of Retirement.

Dr. Jim Wilke, dentist consultant for Paragon Dental Practice Transitions, will lead the afternoon session, scheduled for 1-5 p.m., with Preparing for a Dental Transition.

Three dentists will also detail their transition experiences.

The meeting will be held at the Executive Court Banquet Facility, 1199 S. Mammoth Road. Tuition is $155 for nonmembers of the Association of Retiring Dentists, $145 for members and $105 for nondentist spouses.

Attendees can enjoy a continental breakfast from 8-8:30 a.m., and lunch is included.

Participants will receive five hours of continuing education credit. A block of rooms are reserved at the Best Western Plus Executive Court Inn adjacent to the restaurant. Visit www.executivecourtinn.com or call 1-603-627-2525 and mention the ARD for a discounted rate.

For more information about the meeting, visit www.retiringdentists.com. ■

VIEWPoint

MyView

Are you living 'out of phase?'

Gary Chan, D.D.S.

The day at the office had been busy, but one patient made that day uniquely different. Although tired, my mind seemed energized by what a patient said.

He was a WWII veteran who had recently lost his wife to complications associated with diabetes just shy of their 60th wedding anniversary.

His face lit up every time he reminisced and spoke of her, especially how they first met on a blind date at a soda shop when he was in the Navy in Pearl Harbor, Hawaii.

As he finished his last story, he smiled, sighed contentedly, and then said it all: "I have no regrets." I considered what was embodied in his statement with an almost reverent, envying awe.

I thought further about how often we wish that we might have the chance to do things over again, differently.

But this man had "no regrets." He would not change anything. He had hit it out of the park when it actually counted. I purposed to make some changes.

Typically, health professionals are driven individuals who regularly set goals. Patterns begin early in life as we observe and emulate people who are goal motivated. There is a tendency to adopt the strategies and behaviors to which we are exposed.

Our daily energies become divided between present and future goals. We map out the future—planning what we are going to do in an hour, tomorrow, next week, next month.

However, if we begin to focus disproportionately on the future—we start to live "out of phase" with the present. Our frame of reference begins to shift more to the future—away from the present. Some of us become aware enough of this imbalance that we negotiate with ourselves that we will start to enjoy life—as soon as we set up our practice, get out of debt, get married, have children, etc. Conversely, some of us live more in the past than in the present or future.

As goals lose clarity or become seemingly unattainable, we relive and recall past successes and experiences; some call this "getting old!"

What can we do to live more "in phase," more in the time frame of the moment?

Some of us never realize that while we are waiting for the variables of life to line up ideally, life is actually going by. How often do we hear phrases like, "Enjoy your children; they grow up too fast!" or "Where did the time go?"

Many of us live our lives as if we are living in a dress rehearsal—as if there will be a second chance—not realizing that in fact we are on stage in the actual performance. Some of us treat life as a series of goals—like points on a graph, or a series of photos—intermittently interacting with the present. Instead, consider life as a dynamic, continuous line, rather than a series of points.

Life might well be seen as a video in which every moment is

See MY VIEW, Page 5

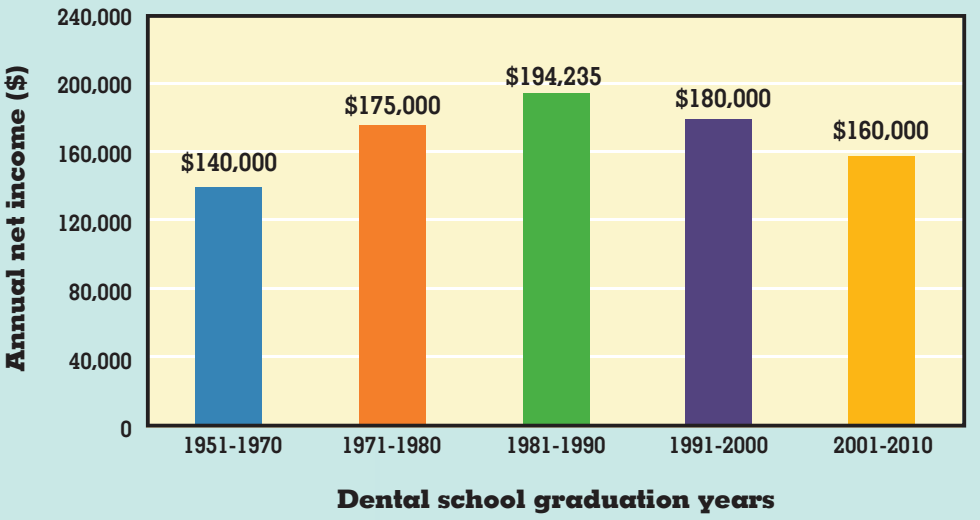
LETTERSPolicy

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

SNAPSHOTS OF AMERICAN DENTISTRY

General practitioners' median net income

In 2011, median net income for general practitioners working at least 1,200 hours per year varied by dental school graduation year.



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

Letters

ER dental visits

I am writing in response to "ERs Seeing Increase of People Visiting with Dental Problems" (July 15 ADA News).

The article implies that the increase in ER dental visits is due to dentists collectively not doing enough to provide care for the young and/or poor to prevent the issues that lead them to seek care in hospital ERs. The article says that financial barriers are one of the reasons why dental ER visits are up. The article also calls for innovations to increase access to care and calls for intervention from policymakers to stem the tide of dental ER visits.

Financial barriers? Maybe, but it appears to me that the most significant barriers to dental care are lack of value placed on oral health and lack of personal responsibility.

In my area, most of the dentists take a week or two each year to be the ER on-call dentist.

The on-call dentist sees patients referred by the two local hospital ERs and treats them regardless of their ability to pay. Following instructions at the ER to contact the on-call dentist for follow-up care, half or more of the ER patients never bother to call my office to make an appointment.

Access to care? Maybe, but the last couple of times my local dental society organized Give Kids a Smile programs, we had more dentists, hygienists and dental assistants participate than kids. Medicaid patients receive excellent care in my office with no

out-of-pocket-expense. Why is it that so many don't value their appointments enough to show up?

I think it is important to remember that most dental disease is preventable by using a toothbrush and avoiding frequent exposures to sweetened drinks and snacks. By and large, dental decay is a lifestyle disease.

Yes, it is sad to see people in dental pain, but it is important to remember that dental decay is preventable and that preventive dental care is not very expensive relative to some of the other things people manage to afford.

Ronald Jarvis, D.D.S.
Kalispell, Mont.

ER patients

Regarding the July 15 article, the reasons suggested for this were a decline in the number of people with dental insurance and a lack of education concerning dental health. I would suggest another possibility.

There is no definitive dental treatment offered in the emergency department and the patient does not have to face the fear of having dental treatment. No one, especially the uneducated, likes to go to the dentist for treatment.

The emergency department will offer medication and a referral to a dentist that is often ignored. Dentistry needs to make

See LETTERS, Page 5

Letters

Continued from Page 4

treatment available where patients seek treatment.

A subspecialty of emergency general dentistry training could be taught in the dental schools.

These dentists could work in the emergency departments providing definitive care in the location where there is an increase in the population seeking dental treatment. This possibility of definitive treatment would decrease the number of patients seeking care in the emergency department.

The issue of affordability and the uninsured patient is often mentioned as a deterrent to seeking dental care. Dental insurance was not generally available 35 years ago and people budgeted for dental care because they valued the service.

Many of the young people whom I see, who claim that they have not sought dental care because of finances, have many other things that they value.

The last time that I checked there was no insurance for cell phones with data packages, tattoos, piercings, junk food, sports, trendy clothing, entertainment (go to any bar or amusement park on any weekend) etc., but they valued these more than dental care and found a way to afford these purchases.

Dentistry is available to those who value the service. Dentistry should teach the value of our services, not how to offer free care and should be providing care where the population is seeking care.

Lawrence J. Tepe, D.D.S.
Cincinnati

More on ER dental care

In my opinion, there are other reasons for the ER visits. It is a fact that many young adults cannot afford dental care. Unfortunately, many others see dental care as discretionary spending and place it below activities that provide enjoyment. Young adults know that they cannot be turned away from an ER even if they do not pay. In our town, the ER also has become a place to obtain narcotics for dental problems that are never treated.

This is the situation in my mountain town where skiing, snowboarding, mountain biking, etc., come first in the young adult's budget.

Of course, extreme sports yield extreme injuries and the "free" ER is a magnet for those who also do not want to place health insurance in their budget.

Craig Schrager, D.D.S.
Mammoth Lakes, Calif.

MyView

Continued from Page 4

captured in high resolution to be relished and appreciated. Our perception of our environment becomes our reality.

Simply put, life is what we choose to make it! We make choices that define how we relate to our family, our work and to those around us—though the dynamics are not always obvious.

How can we turn things around so that we are not among those who get to the end of life with our list of goals accomplished—only to find that we never really lived, that we never really appreciated the passage of time, that we misdirected our energies and we lived our life "out of phase?"

Opportunity and choice are on a continuum, but it requires the realization that we are "out of phase" to make the effort to realign ourselves with the present instead of continually planning our future at the expense of the present.

Similarly, why should our work get the best of us? When we leave the office and go home, too often those closest to us get what is left over.

Developing strategies that help us reserve some of our energies for those we come home to at the end of the day is a necessity. We need to treasure each moment.

It has been said that the optimal life would be lived if we spent each day as if it were our last. At the end of the day the doctor would say, "Though you have a terminal illness and will die, you have been given a reprieve and will live another 24 hours."

If such could be our perception of life, what really matters in life would remain sharply in focus. Remember, no death bed confession ever included the phrase, "I wish I had spent more time at the office."

We can make the choice to realign ourselves, to live in a healthy, happy, balance of past, present and future—to live "in phase" with an appreciation for "living in the moment" to savor each day. Cherish those close to you.

Let the past be the past. Plan for the future, but live and experience the present. And when all is said and done, like my patient be able to say consummately, "I have no regrets."

Dr. Chan is the president of the Loma Linda University Alumni Association. His comments, reprinted here with permission, originally appeared in the summer/autumn issue of Loma Linda University Dentistry.

GOVERNMENT

American Dental Political Action Committee campaign school

BY CRAIG PALMER

Washington—Three ADA dentists found "insight" and "valuable experience" and described ADPAC's Aug. 9-10 campaign school as "an outstanding event and lots of fun."

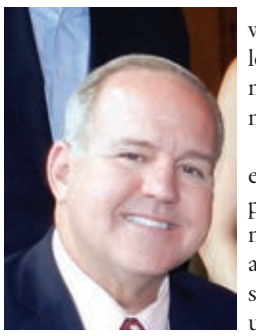
Two ADA dentists took "an important first step in their journey to successful political campaigns" for Congress and state legislature by participating in previous ADPAC campaign schools.

The American Dental Political Action Committee co-hosts annual Specialty Physician & Dentist Candidate Workshops on the nuts and bolts of political campaigns—organizing, messaging and polling among them—and plans to offer another in 2014.

The ADA News invited comments from the three dentist participants in the 2013 campaign school.

Dr. Robert E. Butler: As incoming 6th district representative to ADPAC, I thought it would be a valuable experience to see firsthand what our legislators have to deal with in considering whether to run for public office. I have had a long interest in politics and public policy as it affects so many aspects of our daily practice of dentistry.

The ability to network with other medical professionals this year provided me with the insight that we have much more in common



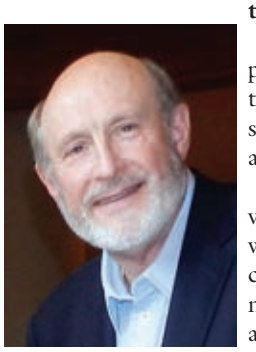
Dr. Butler

with our medical colleagues than what most ADA members might think.

I would strongly encourage participation by any ADA members who have an interest in public service or want to understand what is required of someone seeking public office and how they can assist that individual in a successful campaign. For the past 10 years, I have served as an action team leader to a member of Congress from the metropolitan St. Louis area.

This year, I was fortunate to address the ADA Washington Leadership Conference on How to Be Politically Aware and Connected. I currently serve as Speaker of the House for the Missouri Dental Association and as co-chair of the Missouri state PAC.

Dr. Joseph F. Hagenbruch, ADA District 8 Trustee:



Dr. Hagenbruch

I appreciate the opportunity. I thought that the campaign school was certainly a valuable experience.

It definitely provided me with a whole new appreciation for the crucial necessity to encourage more dentists and dental specialists to seek election for public service as state and national legislators, as well as to increase the support for those individuals like Drs. Mike Simpson, R-Idaho, Paul Gosar, R-Ariz., and Dennis Zent, Indiana legislature, and others who are already serving. Learning of the myriad complexities of the election and campaign processes was a huge exercise, an intense enlightenment. Indeed, the criticality of proper timing, the sensitivity and creativity of campaign advertisements and the financial demands of conducting a campaign for public office scarcely scratch the surface relative to the seemingly countless examples of astounding challenges. However, the vast number of probable regulatory improvements to be made and the potential rewards for genuine perseverance to achieve better policies for the nation, the public we serve and health care in general appear to trump the adversities.

Dr. Charles C. McGinty, ADPAC treasurer:

ADPAC sponsors a campaign school to help fellow dentists learn what it takes to run and win a political campaign.

This year's workshop was an outstanding

Dr. McGinty

event and a lot of fun. We need more dentists in the U.S. Congress and state houses. Two recent campaign school success stories come to mind, Dr. Paul Gosar, a congressman from Arizona, and Dr. Denny Zent, a

See ADPAC, Page 7

CDA Cares helps restore adult dental benefits

BY KELLY SODERLUND

Sacramento, Calif.—The hard work to create the California Dental Association Foundation's CDA Cares clinics has culminated in legislation that benefits millions of Californians.

Thanks to the success of the program, which provides free dental care to low-income adults and children, the California Legislature and governor approved a state budget that reinstates funding for Adult Denti-Cal benefits.

Lawmakers cited CDA Cares as the primary example of the tremendous need to provide adults with dental benefits.

"We invited local and state officials to tour our CDA Cares clinics to educate them about the importance of good oral health care and demonstrate the tremendous need for services for low-income adults," said CDA President Lindsey Robinson.

"I know the experience was eye-opening, and we appreciate the efforts of lawmakers who made the restoration of Adult Denti-Cal services a priority after visiting our clinics."

The state legislature budgeted $77 million annually for the program, which covers preventive care, restoration and full dentures. It's slated to be restored in May.

"I will never forget the sea of people—the endless lines of low-income Californians—some of whom had waited overnight," said state Senate President Pro Tem Darrell Steinberg.

"It wasn't just to get their teeth cleaned or fill a cavity but for surgery to deal with abscessed teeth, root canals and replacement of missing teeth. I saw people who had lost all their teeth because they can't get preventive dental care."

Nearly all of the services associated with Adult Denti-Cal were eliminated in 2009. Three million Californians were left without dental coverage, sending many to the emergency room with their dental problems.

Since 2012, three CDA Cares clinics have provided free oral health care services to 5,878 patients, some of whom waited in line for days to receive treatment. ■

—soderlundk@ada.org

Photo courtesy of CDA

Caring for patients: California dentists volunteer their time and skills at the California Dental Association Foundation's CDA Cares clinic in Sacramento, Calif., in 2012.

ADPAC

Continued from Page 6

state representative in Indiana. ADPAC's campaign school was an important first step in their successful campaigns.

All successful campaigns need a victory plan, usually run by a paid campaign manager.

In many districts the real race is the primary election and the campaign needs to be focused on primary voters. The message must be simple, direct and easy to understand.

To convey this message and build excitement, an excited and committed grassroots network of volunteers is needed. All this campaign fun costs a lot of money and candidates for Congress must engage daily in fundraising.

The media experts were great. They really enjoy making the other candidate look bad and their candidate look all red, white and blue.

Be nice to the press. The candidate needs them and they need the candidate. ■

—palmerc@ada.org

Survivor: oral pathologists key to early cancer diagnosis

BY JEAN WILLIAMS

Oral cancer survivor Eva Grayzel has spent 15 years reliving a medical nightmare so that others might avoid the same fate—or worse.

As a motivational speaker, Ms. Grayzel travels the globe using her survival story to spur early detection of oral cancer. In 2003, she spoke at the ADA Annual Session on oral cancer screenings and early detection so dental professionals could learn from the missteps made in her diagnosis.

Ms. Grayzel did not have the benefit of early detection, as a sore in her mouth instead led her on a 2 ½-year ordeal before an accurate diagnosis. By then, her cancer was so advanced she was told she had just a 15 percent chance of surviving five years.

A huge part of her story is this: her trials and essentially the threat to her life could have been avoided if key steps had been taken early.

"It turns out that my biopsy was misread," Ms. Grayzel said. "It was read by a general pathologist—instead of an oral pathologist—who missed the moderate dysplasia, which has a fairly high chance of turning into cancer."

Survival mode: Motivational speaker Eva Grayzel, a 15-year oral cancer survivor, tells her story at the 2012 Apogee Dental Network Summit in Phoenix.

Ms. Grayzel cites other failures along the way, but says the missed precancer in the first biopsy was a critical one, delaying her diagnosis for nine months. She later developed excruciating ear pain.

"The earache got so tremendous I really couldn't function any longer," she said. "I was at this point in my life where I wasn't eating normally, my speech was affected. I made an appointment in New York at a major medical center to see a microvascular specialist, not having an inkling that what was on my tongue was remotely serious."

Ms. Grayzel says that move may have saved her life, as she soon learned that she had a stage 4 tumor, though the initial prognosis was very bleak. "I had planned my funeral," she said.

But 15 years later, she is going strong. She founded Six-Step Screening, Best Practice in Oral Care, a campaign to help both dentists and patients catch oral cancers as early as possible.

One piece of advice she doles out regularly: make sure that an oral pathologist assesses any biopsies of oral tissue.

"People contact me through Six-Step Screening," Ms. Grayzel said. "I get a lot of contacts from all over the world, people saying, 'Hey, listen, I've got this thing on my tongue. I read your story. Now I'm afraid it's oral cancer. My dentist says it's nothing. I don't know where to turn. I don't know what to do.' The first thing I'd say is, well, if it was biopsied, have it re-read by an oral pathologist, if it wasn't already."

Dr. Kalmar

Dr. John Kalmar, president of the American Academy of Oral and Maxillofacial Pathology, said that AAOMP urges dentists to work with oral and maxillofacial pathologists, when possible.

"Dentists and dental specialists need to recognize the important advantages of an OMF pathologist," said Dr. Kalmar, who also is associate dean for academic affairs and graduate studies at the Ohio State University College of Dentistry. "First, as part of their training, OMF pathologists review far more oral tissue specimens than general pathologists, including experience with a wider variety of both common and uncommon lesions.

"Second, OMF pathologists can speak to clinicians in the language of dentistry and their dental training allows them to understand and correlate a patient's clinical presentation with the microscopic features of a biopsy."

Dr. Kalmar also noted that many OMF pathologists see patients clinically and often can assist in the management and follow-up of patients with challenging or chronic oral conditions.

See SURVIVOR, Page 9

ADA Center for Evidence-Based Dentistry

Find chairside value in scientific literature at advanced EBD workshop

BY JEAN WILLIAMS

Enrich and renew your dental education and skill set in the fall at the Advanced Evidence-Based Dentistry Workshop: Assessing the Quality of Evidence, which takes places Oct. 21-25 at ADA Headquarters.

The application deadline has been extended to Sept. 25.

Need a couple of strong reasons to consider the workshop as a way to boost your dental know-how and credentials? Consider the everyday practice challenges the workshop will address.

"I think that there are two issues," said workshop lead instructor Dr. Richard Niederman. "One is the overwhelming amount of information that's coming at clinicians, patients, insurers, instructors and any academic institution teaching oral health. The data we have indicates that there's more than one clinical trial per day, 365 days per year in each clinical specialty. That's more than anybody can identify, obtain, read, analyze and implement in their practice. So that's the problem. How do you keep up?

"As important as keeping up is how you stay current so you stay out of trouble. We learn new things. We have to stop doing certain things and start doing other things. And if we don't stay current, we place ourselves at risk."

Dr. Niederman, a professor and chair, Department of Epidemiology and Health Promotion, and director, Center for Evidence-Based Dentistry, College of Dentistry, New York University, said that the workshop will help teach practicing dentists, for one, how to cut through the jumble of scientific literature and get what they need far quicker than before.

Aside from Dr. Niederman, instructors will include Dr. Derek Richards, director of the Centre for Evidence-Based Dentistry at Oxford University; Julie Frantsve-Hawley, Ph.D., senior director of the ADA Center for Evidence-Based Dentistry; and Dr. Elliot Abt, adjunct associate professor of Oral Medicine, University of Illinois at Chicago and attending staff at Illinois Masonic Medical Center.

Aspects of EBD to be explored include asking precise, structured clinical questions; understanding clinical trial design; understanding and using medical statistics; and how to critique scientific literature. The instructors designed each section to help workshop participants implement EBD in practice and teaching.

Dr. Abt, who will address medical statistics as well as study design, said the small group discussions are among his favorite aspects of the workshop.

"One of the nicest things about the workshop is that we work in a big group, which is about 35 to 40 or so participants," he said. "But then we break up into four or so small groups of about 10 or 12 participants, and we really start to dissect the papers more fully, whether it's a trial, a systematic review or even a clinical guideline. The small group is really helpful. It's really interactive. It's like a journal club with a lot of back and forth."

Workshop tuition is $2,500. ADA members get 20 percent off the cost. Participants will earn continuing education credits. All candidates must complete an application form. To apply, visit ada.org/advancedebd.aspx.

For more information about the advanced EBD course, contact Erica Vassilos, manager, ADA Center for Evidence-Based Dentistry, at ext. 2523 or email vassilose@ada.org. ■

Survivor

Continued from Page 8

In "Differential Diagnosis of Oral Disease," a chapter in Peterson's Principles of Oral and Maxillofacial Surgery that Dr. Kalmar co-wrote with Dr. Carl M. Allen, the authors make this point:

"Just as a general surgeon may be able to remove a set of impacted third molars, the general pathologist may be able to provide an adequate diagnosis for an oral biopsy. In most situations, however, professionals who are trained specifically to diagnose and manage problems related to the OMF region are able to accomplish their respective tasks with greater efficiency, accuracy and consistency."

Dentists can use AAOMP's website to locate nearby oral and maxillofacial pathologists and oral and maxillofacial laboratories, said Dr. Kalmar. The site also includes a tab leading to position papers targeting dental professionals on clinical and scientific developments in the etiology, pathogenesis and treatment of diseases that affect the oral and maxillofacial region.

To access this information, visit the American Academy of Oral & Maxillofacial Pathology at www.aaomp.org. ■

—williamsj@ada.org

ANNUAL SESSION

Experience Annual Session activities through ADA365

New Orleans—Can't go to Annual Session? Then experience portions of the meeting online through ADA365.

This year, ADA members can:

- watch President Bill Clinton's address during the Opening General Session and Distinguished Speaker Series;
- view Education in the Round courses;
- see additional lectures;
- virtually tour the exhibit floor at ADA.org/ADA365.

Continuing education credit is not available on ADA365, but courses from the Pride Institute Technology Expo, as well as other select courses, will be available after Annual Session on ADA CE Online, adaceonline.org, for credit.

Those who have accessed ADA365 in the past can use their same login to view the site this year.

New visitors should register at ADA.org/ADA365. Members and 2013 Annual Session attendees can register for free, and nonmembers can sign up for $50. For more information on Annual Session, visit ADA.org/session. ■

Learning Labs offer interactive courses

New Orleans—Discover more about women in dentistry and geriatric patient care at the Learning Labs at Annual Session.

The Learning Labs are new interactive courses where dentists can exchange ideas and dialogue with their peers in a small group environment. Space is limited so dentists are encouraged to sign up early.

In the related Super Sessions, sketches, audio commentary and photos of the discussions held in the Learning Labs will be shared so a broader audience can reflect and continue the dialogue.

Two topics for the Learning Labs and Super Sessions are scheduled this year:

- Special Care Issues in Geriatric Patient Care (5188), Oct. 31 from 11 a.m.-1 p.m. and (5189) from 3-5 p.m. Dr. Gretchen Gibson will host a participant-led discussion on treating elderly patients and explore how to improve care for the older adult population. Participants will receive two hours of continuing education credit. The cost is $45 before Sept. 20 and $60 after. A Super Session for this course (7335) is scheduled for Nov. 2 from 9:45-10:45 a.m. There is no fee, and participants will receive one hour of CE.
- Issues Impacting Women in Dentistry (6101), Nov. 1 from 9-11 a.m. and (6102) 2-4 p.m. Dr. Linda Niessen will host a participant-led discussion to explore experiences, challenges and discoveries as women in dentistry. Participants will receive two hours of CE credit, and the cost is $45 before Sept. 20 and $60 after. A Super Session (7336) is scheduled for Nov. 1 from 11 a.m.-noon. There is no fee, and participants will receive one hour of CE. ■

Deadline

Continued from Page 1

availability. Find out more by visiting ADA.org/session and clicking on Housing & Travel.

ADA's official travel partner Gant Travel will assist all attendees with travel on all airlines servicing New Orleans' Louis Armstrong International Airport.

Gant Travel offers additional fare discounts, including 9 percent off American Airlines, which is not available on AA.com.

The ADA's partner airlines are also offering special zone fares that are less restrictive than traditional nonrefundable fares and might be cheaper based on travel dates.

For example, for a flight from Salt Lake City to New Orleans, the special zone fare could save up to $170.

Find out zone fares by calling Gant Travel Management, which can compare the zone fares to other fares in the airline systems.

More information can be found at ADA.org/session. ■

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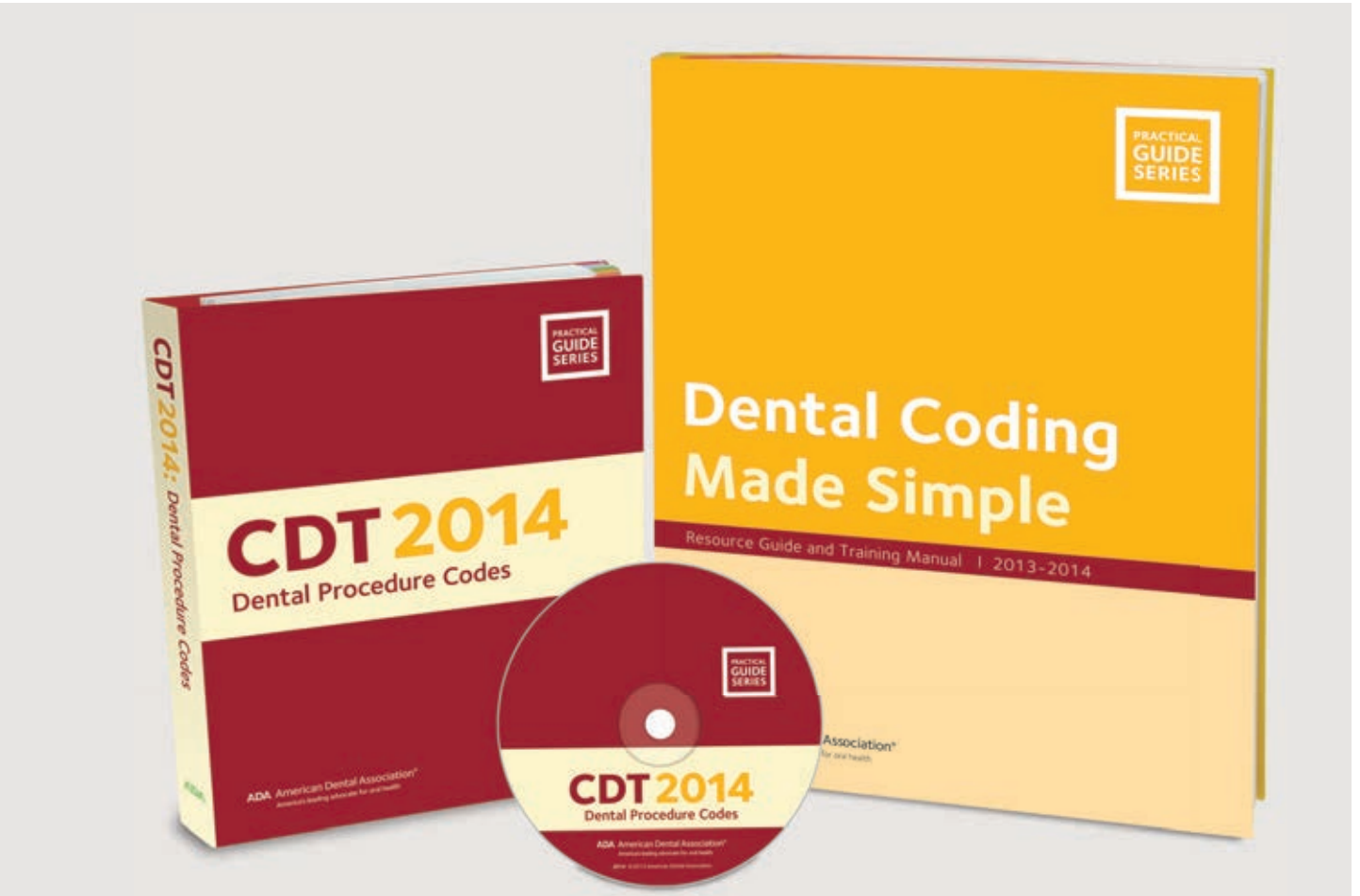

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- 4 deleted procedure codes
- 7 changes to the subcategories and their descriptors
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ADA Foundation awards 24 Harris Fund grants to fight early childhood caries

BY JEAN WILLIAMS

The Central Mississippi Down Syndrome Society gives credit where it's due.

The nonprofit is one of 24 recipients of the 2013 Samuel D. Harris Fund for Children's Dental Health grants thanks to a dental student's initiative, said Rebecca Phelps, the Jackson, Miss., program's executive director.

ADA Foundation
Dental Education | Access to Care | Research | Charitable Assistance

The ADA Foundation awarded more than $114,000 in grants to organizations engaged in the fight to end early childhood caries nationwide.

"Brannon Myrick, who is a dental student at University of Mississippi, contacted me several months ago about the possibility of including dental care advice in our parent guide, which we had not done in the past," Ms. Phelps said. "Of course we thought it was a wonderful idea. He met with several dentists at the dental school to develop information on what specifically a child with Down syndrome would need as far as dental care that may be different from a typical child."

Mr. Myrick took the lead and filled out the application for the ADA Foundation Harris Fund grant. The Central Mississippi Down Syndrome Society plans to use its $5,000 award to develop and print oral health care guides for parents learning to care for children with Down syndrome. The organization, founded in 2003, serves around 500 families, Ms. Phelps said.

"We're excited that we're going to be able to print new guides soon and include plenty of dental information for parents, along with all the other health care information that we already provide," Ms. Phelps said.

Mr. Myrick, a second-year dental student at the University of Mississippi Medical Center School of Dentistry, has a 4-year-old daughter, Leighton, who has Down syndrome. He credits her with spurring his interest in dentistry, as a previous career in construction management wasn't conducive to the stability needed to raise her, he said. Mr. Myrick also previously had a career in nursing.

He said he believes that the specialized oral health information will have a huge impact on parents of children with Down syndrome.

"They say knowledge is power," he said. "It gives parents the ability to make an informed decision. They'll have an idea of what to expect and it gives them a basis of terms, a good foundation to build off. I've talked to families that have children who are 8 or 9 years old, and they were excited about it because it's going to affect them, not just newborns, but everybody in the society."

Mr. Myrick wrote the oral health information for the society under the guidance of dental school faculty. He said he tailored the information to cover the specific oral health needs and concerns related to children with Down syndrome, including increased risk for periodontitis. "I defined periodontitis and gingivitis—things like that," Mr. Myrick said. "We talked about macroglossia. Children with Down syndrome usually don't actually have that, but their tongue seems enlarged because their oral vault is small, so they have a small oral cavity. I defined terms like hypodontia and microdontia."

Other awards

The Foundation also awarded $5,000 to the Tufts University School of Dental Medicine, Department of Pediatric Dentistry for its Prenatal Oral Health Education Program to Reduce the Risk of Early Childhood Caries. Dr. Cheen Loo, an associate professor, directs the program, which provides an early oral health care promotion program to educate the parents of newborns about oral health in order to prevent early childhood caries in infants and toddlers.

The program tracks parents and their infants in an effort to keep them aligned with oral health information and services.

"After they give birth, we follow up with additional surveys to see if the oral health information and education that we've provided has been helpful to them," Dr. Loo said. "We also offer them a place to bring their babies, if they don't have a place already preselected, to establish a dental home. If they're still coming in to Tufts for medical appointments, it's very convenient … to set up a dental home here as well. We also can help set up a referral if they don't have a place that they've selected to go."

Dr. Loo said that the dental school started the program in 2012.

"With this additional support, we hope to be able to continue the program and also maybe try to publish some of the results from

See HARRIS, Page 13

Applications due Nov. 13 for ADA Foundation awards

Dental student groups may apply for two ADA Foundation grants that support dental student outreach to underserved populations in the United States and abroad.

Applications are due Nov. 13 for the Bud Tarrson Dental School Student Community Leadership Award and the Dr. Thomas J. Zwemer Award.

The Tarrson Award highlights significant dental student outreach to vulnerable communities within the United States.

The Zwemer Award recognizes and encourages student programs that provide services to underserved populations in communities outside of the United States.

Each award provides up to $5,000 to a dental school for its winning student outreach program.

For applications, award guidelines and information about last year's winning programs, visit www.adafoundation.org. ■

Harris

Continued from Page 12

what we've found," Dr. Loo said. "We're going to be able to provide instructional and education material and also, with the study aspect, we are going to provide gift cards for the pregnant women. We are following up with additional surveys. Gift cards have been shown to be helpful to boost the response rates."

The 2013 list of Harris Fund grant recipients includes:

- Arkansas Children's Hospital (Arkansas)
- Capital Area Community Services, Inc. (Michigan)
- Caridad Center, Inc. (Florida)
- Center for Oral Health (California)
- Central American Resource Center CARECEN (California)
- Central Mississippi Down Syndrome Society (Mississippi)
- Children's Dental Health Project (Washington, D.C.)
- Children's Dental Services (Minnesota)
- Community Dental Care (Minnesota)
- Dental Aid (Colorado)
- Detroit Parent Network (Michigan)
- Erie Family Health Center (Illinois)
- Family Service Association of San Antonio Inc. Head Start (Texas)
- Goodwin Community Health (New Hampshire)
- Healthy Mothers Healthy Babies Coalition Broward County (Florida)
- Indian Health Service Sioux San Hospital (South Dakota)
- Licking County Health Department (Ohio)
- Northeast Missouri Health Council (Missouri)
- Rochester Primary Care Network (New York)
- Tufts University School of Dental Medicine (Massachusetts)
- University of Pennsylvania School of Dental Medicine (Pennsylvania)
- Virginia Garcia Memorial Foundation (Oregon)
- Well Child Center Elgin (Illinois)
- York City Bureau of Health (Pennsylvania)

The ADA Foundation established the ADAF Harris Fund for Children's Dental Health in 1997 to honor the legacy and spirit of Dr. Samuel Harris, a distinguished pediatric dentist and philanthropist. Since 1999, the Harris Fund has awarded grants to selected applicants whose oral health programs are designed to improve and maintain children's oral health through outreach, primary prevention, and education.

Find more information about ADAF programs at www.adafoundation.org. ■

—williamsj@ada.org

ADA Business Resources endorses PBHS for website services, practice marketing

ADA Business Resources has selected PBHS Inc. as the endorsed website design and practice marketing firm for the American Dental Association's 128,000 active members.

This new endorsement, which became effective last month, provides comprehensive and affordable online and print-based marketing services to help dentists attract and retain patients.

PBHS is the leading provider of marketing services for the dental community, ADABR said in an Aug. 10 announcement. With more than 5,000 clients and 35 years of experience working with dentists, the company helps build a strong and unique Internet presence through website development, search engine optimization and social media services. PBHS also offers a complete line of branding and practice marketing services, including logo design, marketing collateral, targeted direct mail campaigns and custom advertisements.

Commented Deborah Doherty, managing vice president of ADA Business Resources, "After carefully evaluating dozens of website and practice marketing companies, PBHS stood above the rest. As an innovator in the field of dental website design, PBHS knows what it takes to create a successful online presence for our members, and they offer the absolute best in terms of quality, leading edge products and services at an excellent value. The company is strong, stable and provides members with the white glove approach to customer service that is the gold standard in the industry. Their services are time-tested and we are thrilled to offer them to our members. And, as with all of our endorsed services, immediate help is available should members have any questions or concerns."

"We are honored and excited to be endorsed by ADA Business Resources," said Jay Levine, PBHS president. "We have built and maintained thousands of websites, logos and marketing campaigns for ADA members. Our clients recognize that we truly speak the language of dentistry and understand the needs of the community. Dentists have a lot of choices with regard to how they market their practices, from websites to search engine optimization to social media, and we know it can be overwhelming. Our design and marketing teams help identify the needs of each individual practice and provide the advice, guidance and creativity needed to successfully drive practice growth."

For ADA members seeking to engage and educate patients while establishing an identity in an ever-growing online market, PBHS representatives are standing by to help. ADA members receive preferred pricing on new custom or semi-custom websites and access to the ADA content libraries and videos at no additional cost. To take advantage of this special, call 1-855-WEB-4ADA or visit www.pbhs.com/ada.

PBHS is a privately held company headquartered in Pomona, N.Y., with offices in New York and California.

The ADA Business Resources endorsement program is managed by ADA Business Enterprises Inc., a wholly owned subsidiary of the American Dental Association. The products and services it endorses help ADA members manage the business side of their dental practices smoothly and productively. ■

Engage your patients online

PBHS experts offer Internet wisdom

From PBHS staffers—insight into the Internet:

- Twenty to 30 percent of website traffic comes from patients on mobile devices. Be sure your patients have an engaging and streamlined experience on any mobile device.
- You have 0.02 seconds to engage an online visitor. Website design means everything.
- Seventy-five percent of patients never scroll past the first page of search engine results. Focus on attaining top rankings across all search engines.
- Practices that frequently blog average four times as many new patient visits than those that don't. Consider incorporating social media into your overall marketing strategy.

Call PBHS for a complimentary analysis of your current branding and online presence and find out how the company can help your practice grow. Call 1-855-WEB-4ADA. ■

Internet experts: The PBHS team gathers outside their California office.

Association supports National Recovery Month

BY CRAIG PALMER

Washington—The Association encouraged tripartite participation in September National Recovery Month events focused on alcohol and drug addiction recovery.

"Recovery Month is an opportunity to show support for our colleagues who may be struggling with a substance use disorder," the Association said in an Aug. 26 letter to constituent and component dental societies. "Through rallies, picnics, motorcycle rides, walks/runs and other community events, Recovery Month spreads the positive message that prevention works, treatment is effective and people can and do recover. Above all, it reinforces the notion that those in recovery are valued in their communities and are never alone."

The Association's Dentist Health and Wellness Program encourages and assists development and administration of innovative programs for dentists' well being.

In a related communication with the federal Substance Abuse and Mental Health Services Administration, the Association offered "enthusiastic support" for Recovery Month. The ADA has supported this activity since 2004.

"Dentists are well positioned to facilitate the journey for many of those in need," the Association said. "Every year, Americans make about 500 million visits to dentists. With appropriate training, dentists can use those visits to quickly screen patients for signs of alcohol and drug abuse, briefly counsel those in need and refer them for counseling and treatment." ■

—palmerc@ada.org

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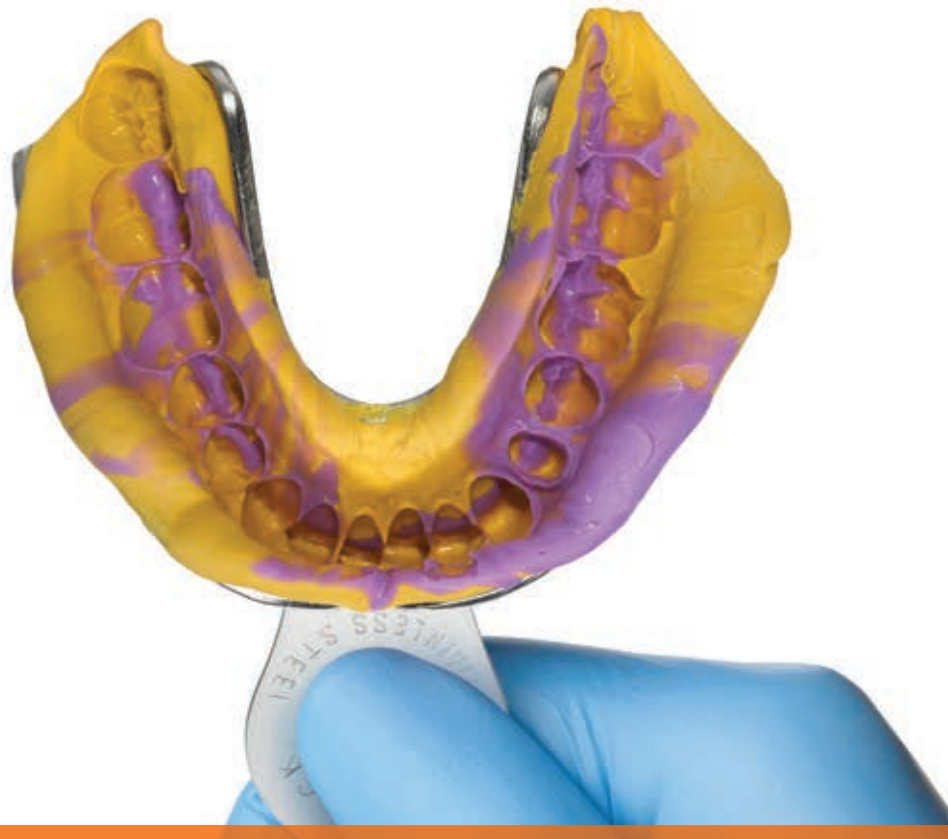

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Take a comprehensive approach to addressing required regulations with The ADA HIPAA and OSHA Compliance Kit.

The package deal comes at a savings of $160 when compared to buying each product individually. The kit includes materials needed to comply with the Health Insurance Portability and Accountability Act and with Occupational Safety and Health Administration laws and regulations.

ADA HIPAA and OSHA Compliance Kit (K017) includes:

- The Regulatory Compliance Manual and CD-ROM with three years of updates;
- The OSHA Training for Dental Professionals DVD;
- The ADA Practical Guide to HIPAA Training CD-ROM;
- The HIPAA Privacy and Security Manual with CD-ROM and three years of updates (revised to include changes prescribed by the 2013 Omnibus Final Rule).

The ADA HIPAA and OSHA Compliance Kit (K017) is $575 for ADA members. The retail price is $862.50. Buyers can save $75 on the kit using promo code 13148 by Sept. 30.

To order The ADA HIPAA and OSHA Compliance Kit (K017) or additional ADA Catalog products, visit adacatalog.org or call 1-800-947-4746. ■

Volunteers honored

Last month, the ADA Committee on International Programs and Development awarded the Certificate for International Volunteer Service to dentists and dental students who spent at least 14 days performing dental services in a foreign country. Recipients were nominated by their state or local dental society, federal dental services or dental school. A total of 75 ADA member volunteers from 24 states and the United Kingdom were honored. (S) denotes dental student nominee.

The committee is accepting nominations for its 2014 awards. State and local dental societies, the federal dental services and dental schools can nominate any dentist or student who has spent at least 14 days in a 24-month period performing dental services in a foreign country. The deadline for submission is April 1, 2014.

For more information, log on to ADA.org/1473.aspx or contact the ADA Division of Global Affairs, ext. 2726 or international@ada.org. ■

Philip Aday
Jack Belchinsky
Josh Berd
Devin Bernhart (S)
Karl Brose
Eugenio Beltran
Gayle Cheatwood
Natalie Chien (S)
Richard Cohen
Eric Curtis
Gregory Czarnecki
John Dominici
Nayeem Esmail
Aleaha Fettig (S)
Dianne Fillman
Jarrod Goldberg (S)
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C. Neil Kay
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Irvin Silverstein
Ryan Smiley (S)
Nathan Sommer
David Spangler
Dilshad Sumar
Russell Taylor
Randolph Todd
Charles Tozzer
Radka Varimezova (S)
Patrick Wachter (S)
Jan Westberry
Stuart Whiddon
Terry Wilwerding
Bert Winterholler
Karl Woodmansey
Laurence Wynn
Sussi Yamaguchi
Michael Zak

Recognize these X-rays?

NCMEC asks dentists' help

BY KELLY SODERLUND

Lumberton, N.C.—The National Center for Missing & Exploited Children is asking for dentists' help in identifying a woman found on the edge of a cornfield in 1978.

The woman is estimated to be between 15 and 22 years old and had been dead two to four weeks before she was found, according to a poster released by the center.

She was 5 feet 3 inches tall and weighed between 95 and 110 pounds.

She had several fillings and four molars extracted, leaving small gaps between her back teeth on the top and bottom of her mouth. The woman had seen a dentist during her life.

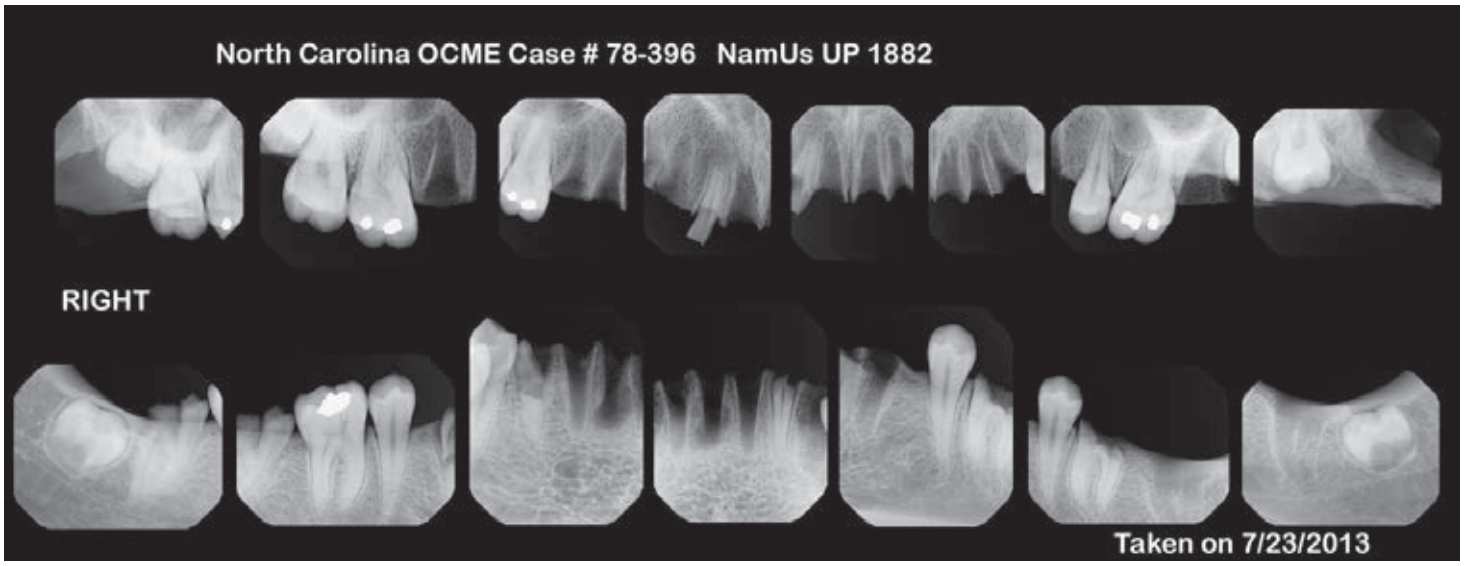
She had light brown or reddish brown medium length hair.

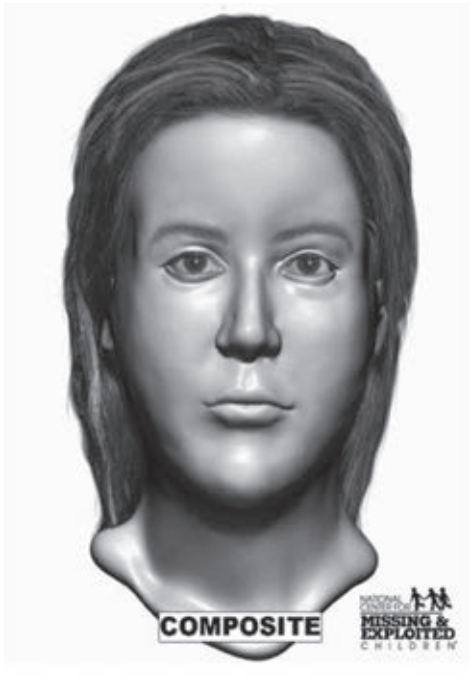
The woman was found wearing blue jeans with slightly ragged cut off hems, a white hooded short-sleeved shirt with multicolored horizontal stripes through the center and white wedge-heeled open toe shoes with a flower design on the top. Both her fingernails and toenails were painted metallic red.

Anyone with information should contact the National Center for Missing & Exploited Children's Forensic Services Unit at 1-800-843-5678 and reference NCMEC number 1184297 or National Missing and Unidentified Person System case number 1882.

The NCMEC is a nonprofit organization that assists law enforcement and families in finding missing children and reducing child sexual exploitation and victimization. ■

—soderlundk@ada.org

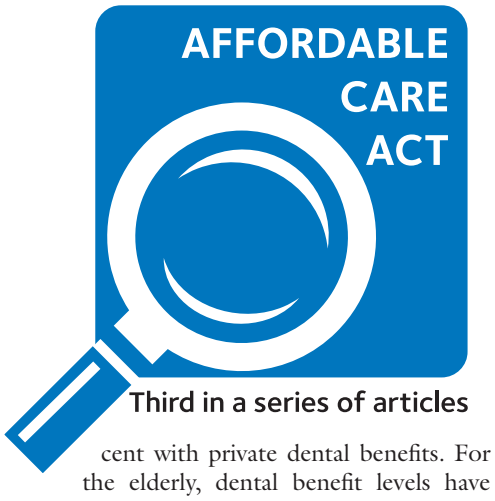




Portrait: The National Center for Missing & Exploited Children released this composite sketch of what the woman may look like. She is estimated to be between 15 and 22 years old.

Landscape

Continued from Page 1



Market forces effect on dental benefits

How has the nature of dental benefits changed in the last decade for children aged 2 through 18?

In 2001, 57 percent of children with coverage had private dental benefits, 23 percent Medicaid and 20 percent no coverage. By 2010, the private coverage share had fallen to 49 percent, and that decline was offset by a significant increase to 36 percent with Medicaid coverage and a decline to 16 percent in children without dental coverage. States are required to provide Medicaid and Children's Health Insurance Program benefits for income-eligible children.

How has the nature of dental benefits changed in the last decade for nonelderly adults aged 19 through 64?

Nonelderly adults have experienced a significant decline in their retention of private dental benefits, from 62 percent in 2001 to 56 percent in 2010. The percentage with public health benefits or no insurance increased during this period.

Has the decline in private dental benefits been uniform across adults of all ages?

The decline in private dental benefits rates among adults is not uniform by age. By far, the most significant declines over time have been among younger adults (19-34 year olds), who across all years had the lowest levels of private dental coverage. For ages 50-64, there has been very little decline in the percent with private dental benefits. For the elderly, dental benefit levels have remained steady, but very low, over the last decade.

Is this decline in private dental benefits for adults and children due to the recession?

Probably not, as the decline in private dental benefits started before the recession.

ACA effect on health/dental benefits

For states that choose to expand their Medicaid eligibility for nonelderly adults as permitted under the ACA, will this expansion lead to an increase in dental benefits for this group?

Medicaid adult dental benefits increase and decrease to a certain extent over time, usually in response to economic pressures and recent trending has been in the direction of reduced coverage. Over the last decade, however, a majority of states have provided no more than a limited array of dental services for adult Medicaid enrollees. Because a majority of states provide limited dental services for Medicaid adults, ACA-expanded eligibility will have very little impact on the low level of dental services provided for the nonelderly adult Medicaid enrollees.

Will large employers continue to offer health insurance in 2014 and beyond?

Several studies and the nonpartisan Congressional Budget Office estimate that firms employing the majority of workers will continue to have an economic incentive to offer health benefits post-ACA. Employer premium contributions remain tax exempt, and large employers that do not offer affordable insurance will pay a financial penalty. As a result, the financial incentive to offer health insurance to employees is strong.

Will small businesses offer health benefits to employees post-ACA implementation?

Only about 60 percent of firms with fewer than 200 employees offered health insurance in 2012. Furthermore, the ACA exempts employers with fewer than 50 full-time workers from the mandate to offer health insurance. While small employers are eligible for tax credits, most experts predict the credit will not significantly impact offers of health insurance. Additionally, it may be more feasible for employers with low-wage workers to pay the penalty and have their employees purchase coverage in an exchange rather than provide health insurance.

How might consumers react if employers stopped offering dental benefits?

A recent survey looked into this issue. When asked whether they would purchase dental benefits if their employer stopped providing them, about half of respondents said they would be "likely" or "very likely" to buy coverage. Most, however, indicated they would purchase a lower-priced, preventive care plan.

Paying for outcomes, not procedures

The ACA established a pilot program called the Medicare Shared Savings Program which encouraged the formation of accountable care organizations (ACOs).

What are ACOs?

In general terms, ACOs are entities comprised of health care providers (e.g. hospitals, physicians, home health agencies and others)

See LANDSCAPE, Page 19

ACA consumer checklist available

The Association developed a dental checklist for individuals seeking coverage in the new Affordable Care Act marketplaces scheduled to open Oct. 1. The checklist will be available for use by navigators and others trained to help consumers navigate the new marketplaces. It leads with a message for consumers on the importance of regular dental visits and provides helpful questions to ask when considering dental coverage as well as links to relevant government websites and ADA's mouthhealthy.org. ■

CODA

Continued from Page 1

through the development and administration of accreditation standards that foster continuous quality improvement of dental and dental related educational programs," said Dr. Kent L. Knoernschild, CODA chair.

"Currently over 50,000 students attend a total of 1,449 programs nationwide. As the only specialized accrediting agency for dentistry recognized by the Department of Education through its National Advisory Committee on Institutional Quality and Integrity, CODA's accreditation process assures students graduate from programs that meet nationally-accepted educational standards," Dr. Knoernschild said.

"Department of Education recognition of CODA's efforts in support of educational programs certainly benefits the students who attend these programs and the public who receives care from graduates of these programs."

CODA's scope of recognition is for "the accreditation of predoctoral dental education programs (leading to the D.D.S. or D.M.D. degree), advanced dental education programs and allied dental education programs that are fully operational or have attained 'Initial Accreditation' status, including programs offered via distance education," the renewal letter said.

Dr. Knoernschild

Renewal through July 23, 2017 was based on recommendations of Department of Education staff and the National Advisory Committee on Institutional Quality and Integrity "under Sections 114 and 496 of the Higher Education Act of 1965 (HEA), as amended, and pursuant to relevant statutory and regulatory provisions," the letter said.

The USDE has granted CODA accreditation authority for dental education since 1952. For more information visit the CODA Web page at www.ada.org/117.aspx. ■

—palmerc@ada.org

Slogan winner: Glen Huggins of Chula Vista, Calif., throws out the first pitch Aug. 16 at the 2013 Little League Baseball World Series in South Williamsport, Pa. Glen won Oral Health America's 2013 National Spit Tobacco Education Program slogan contest with his entry, "Be a home run hitter, not a ballpark spitter." Glen and his family won an all-expenses paid trip to the Little League World Series, a $500 prize for himself and a $500 prize for his local Little League.

Landscape

Continued from Page 18

who collaborate to provide coordinated care to a defined population for a bundled payment. ACOs are designed to align provider incentives with the provision of quality care (employing evidence-based protocols) rather than the volume of services. ACOs consist of two main features. First, ACOs are designated accountable provider entities that share responsibility for treating a group of patients. Second, ACOs have new payment approaches that are based on performance measures. This could mean that fee-for-service could be supplanted by reimbursement based on patient outcomes and performance.

What is the status of ACO development, and what is the target population?

According to an August report by the ADA's outside consultant, Leavitt Partners, the number of ACOs is increasing. Leavitt Partners is currently tracking 488 accountable care entities, which is double the number they were tracking just one year ago. Medicare ACOs comprise more than half of all ACOs (about 52 percent). But the number of non-Medicare ACOs also has grown as larger hospital system-sponsored ACOs enter the market. The Leavitt report said that the "current trajectory shows that providers and payers are recognizing the need to shift toward accountable care arrangements, or at the very least to shift away from fee-for-service care."

What are the different ACO Models?

According to the Leavitt Partners report, no single model has emerged as the most successful as we continue to see a variety of ACOs with different organizational and execution structures. The models include small physician group-led ACOs, hospital-led ACOs, hospital-physician group ACOs and Medicaid ACOs.

Are there examples of dental providers participating in ACOs?

There are a few examples of dental providers providing care within an ACO framework. In Oregon, Coordinated Care Organizations are coordinating physical, mental, behavioral and dental health for people eligible for Medicaid or dually eligible for Medicare and Medicaid. CCOs in Oregon must report on quality metrics, including those for oral health. ACOs in Minnesota and New Jersey plan to also provide dental care. ■

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Miscellaneous

ANTIQUES—Original (?) Columbia Ritter dental chair, Post WWI Ritter dental chair, 1940s jukeboxes, wood telephone booths, slot machine, shuffleboard and more selling in online auction. Bids end October 30th at 7 PM. **Information: www.atterberryauction.com.**

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Salivary diagnostics research nets grant

BY JEAN WILLIAMS

Los Angeles—The National Institutes of Health has granted $5 million to the University of California Los Angeles School of Dentistry to develop biological markers in saliva as a means of ultimately developing tests to detect stomach cancer and other systemic diseases.

The NIH Common Fund, established to transcend barriers in biomedical research and lead to improved human health, made the award to UCLA from its Extracellular RNA Communication initiative, which specifically targets the emerging field of salivary diagnostics.

"This is the first time that NIH is funding saliva markers for systemic disease detection," said Dr. David Wong, a pioneer in salivary diagnostics and the dental school's associate dean of research, who will lead a UCLA team in the research. "That has important underlying implications. They've said, 'Saliva can be used for oral disease detection. Great. But if saliva can be used to detect non-oral disease, systemic disease, that really puts it in a different place in terms of clinical impact.'"

Dr. Wong, formerly a member of the ADA Council on Scientific Affairs, and his team will seek to develop a salivary biomarker panel that would definitively detect and help assess a patient's risk for stomach cancer. They will attempt to capture exRNA biomarkers secreted by stomach cancer cells found in saliva samples. Their five-year study could help usher in a new era in which salivary diagnostics is regarded as diagnostically as relevant as blood in detecting systemic diseases.

"It's gratifying from a scientific perspective," Dr. Wong said. "It's a very good moment in dentistry and oral health research."

With collaborators, Dr. Wong discovered salivary exRNA molecules in 2004 and demonstrated their utility for detecting oral cancer, the school said. They developed salivary exRNA biomarkers for oral and systemic diseases that include salivary gland tumors, other cancers and Sjögren's syndrome, the school said.

Dr. Wong's UCLA collaborators are David Chia, Ph.D., professor in the department of pathology at the David Geffen School of Medicine at UCLA; David Elashoff, Ph.D., a professor in the department of biostatistics at the UCLA Fielding School of Public Health; and Yong Kim, Ph.D., an associate professor in the division of oral biology and medicine at the UCLA School of Dentistry. They will also collaborate with Sung Kim, M.D., executive vice president and director of gastric cancer at the Samsung Medical Center in Seoul, South Korea.

A high rate of gastric cancer in South Korea and the fact that adults over 45 get free endoscope exams every two years to look for the disease led to the UCLA team's collaboration with Dr. Sung Kim in Seoul. The team will investigate whether salivary diagnostics can replace the invasive endoscope exams.

The ADA has resources on salivary diagnostics at ADA.org. For fundamental information, download A Primer on Salivary Diagnostics. Search salivary diagnostics on ADA.org for other resources. ■

CDA

Continued from Page 1

"It's to the great benefit of our members to fight these changes," CDA President Lindsey Robinson said. "We're initiating legal action to require Delta Dental of California to honor their contractual obligations to their provider network, which is composed primarily of CDA members."

CDA leaders fear the amendment to the justification clause will allow Delta to reduce their reimbursement fees by the end of the year.

"Delta's move to modify the contracts it has with providers appears to fly in the face of good faith and fair dealing," said CDA Vice President Walt Weber, chair of the CDA Dental Benefits Research Task Force. "CDA absolutely questions whether, once Delta provides the information required by the contracts, fee reductions would be justified."

Dr. Robinson expects more dentists to join the demand for arbitration. The earliest these changes would take effect would be Oct. 4

"We hope the end result will be sending Delta a strong message that they need to improve their relationship overall with their dentist members," Dr. Robinson said. "They need to improve their relationship with the California Dental Association. They need to be more transparent with the policy decisions they make moving forward. We hope this litigation results in the current contract terms being maintained."

The ADA offered its support to CDA's challenge.

"We certainly support CDA's efforts on behalf of its members to challenge the insurer's unilateral revisions of its provider contracts," ADA President Robert Faiella said. "We will monitor this situation closely to see if there is any way to lend our assistance"

In a recently released statement, Delta Dental of California said the challenged revisions had been approved in advance by California regulators and communicated to its 23,172 participating dentists. With regard to the action by CDA, Delta said:

"While we cannot comment on the specific issues mentioned in the complaint filed, we are disappointed that the CDA is pursuing this course of action. Delta Dental's intent is to provide the best and most affordable dental benefit programs possible for its 15,000 California business and government customers, which serve 18 million people in California. Delta Dental is committed to acting in the long-term best interests that balance the needs of all its stakeholders, including enrollees, client groups and dentists, and the changes we proposed are necessary to ensure that we can continue to deliver quality dental programs at an affordable price." ■

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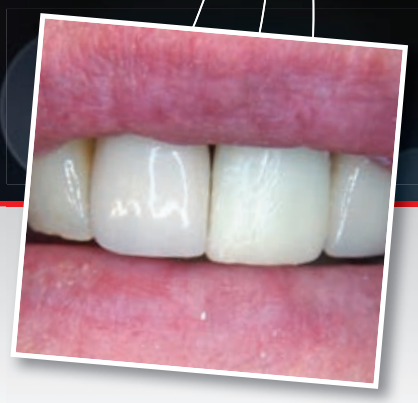

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