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4-21-2014

## ADA News - 04/21/2014

American Dental Association, Publishing Division

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# ADA News

APRIL 21, 2014

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

VOLUME 45 NO.8

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## BRIEFS

### Employment agree- ments eyed in guide

Learn about employment agreements and how to decipher them in a new ADA publication.

"Dentist Employment Agreements: A Guide to Key Legal Provisions" is available for download on the ADA Center for Professional Success website at [Success.ADA.org](http://Success.ADA.org) by clicking



on the Practice tab, then Professional Pathways, then Employee under the Topics tab.

It provides information on how to understand the ramifications of language used in many dentist employment agreements.

Some highlights include:

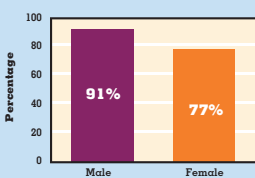
- Helping dentists know what questions to ask and discuss with a legal advisor;
- The differences between

See *GUIDE*, Page 14

## JUST THE FACTS

### Ownership by gender

Among dentists in private practice, nine in 10 male dentists are owners compared to three-quarters of female dentists.



Source: ADA Health Policy Resources Center, [survey@ada.org](mailto:survey@ada.org), ext. 2568

## Action for Dental Health bill introduced in 113th Congress

BY CRAIG PALMER

Washington—The ADA Action for Dental Health movement gained the attention of the U.S. Congress with the introduction April 3 of legislation "to improve essential oral health care for lower-income individuals by breaking down barriers to care."

Offered by first-term Rep. Robin Kelly, D-Ill., H.R. 4395 was referred to the House Energy and Commerce Committee. The Action for Dental Health Act of 2014

**INSIDE**  
Action for Dental Health in the states, Page 6

would create two federal grant programs and authorize \$10 million annually for each. Funding would be available through separate appropriations.

- Grants to support volunteer dental projects offering free dental services for underserved popula-

tions—The Secretary of Health and Human Services shall award grants to or enter into contracts with eligible entities to obtain portable or mobile dental equipment and to pay for appropriate operational costs, including direct health care or service delivery costs, for the provision of free dental services to underserved populations that are delivered in a manner consistent with state licensing laws. Eligible entities could include state or local dental associations, state oral health programs or



**Rep. Kelly:** Illinois congresswoman introduces H.R. 4395 supporting the Action for Dental Health movement.

See *ADH BILL*, Page 12

## ADA CE series to track patient from diagnosis to recovery



*Editor's note: This is the first in a unique series of ADA News articles following a patient's full-mouth reconstruction from A to Z. Installments will appear as treatment milestones are reached.*

BY KIMBER SOLANA

Robert "Bob" Hartman recalls waiting to board a plane at San Francisco International Airport when a piece of his front tooth simply broke off.

"I wasn't eating, chewing or talking," Bob said. "It just fell apart."

Due to decay and bone loss from lack of proper care over the years, combined with a deteriorating tooth structure, the 62-year-old is in need of a full-mouth restoration. His jaw has also moved forward affecting his bite and the way he eats.

"It's either treatment now or more years with a lot of problems," he said. "I'm choosing treatment."

Led by Dr. Joseph Massad, of Tulsa, Okla., and co-treated by Dr. David Little, of San Antonio, Bob will have an immediate maxillary and mandibular dentures placed, with extractions of all of his teeth, appropriate bone reduction and placement of prosthesis.

It will not only ultimately correct his dental problems but also educate ADA members on the assessment and treatment of patients who need such an extensive treatment plan.

See *CE SERIES*, Page 27

**ADA 2014**  
AMERICA'S DENTAL MEETING

October 9-14 • San Antonio

Education: October 9-12 • Exhibition: October 9-11  
House of Delegates: October 10-14



**INSIDE** Information about the 2014 Meeting starts on Page 30



# Dentists report tax identity theft

BY CRAIG PALMER

Some member dentists are among the many taxpayers reporting that they are victims of tax return identity theft. The Internal Revenue Service said it has started more than 200 new investigations this filing season into identity theft and refund fraud schemes. The total number of IRS ID theft investigations in 2014 exceeds 1,800, said the notice posted April 10 at IRS.gov.

The IRS announcement stated that the agency has stepped-up its coast-to-coast

criminal investigation to combat identity theft and refund fraud by pursuing identity thieves, preventing fraudulent refunds from being issued and helping victims of this crime. Additional information can be found at IRS.gov.

Several state dental societies say some member dentists submitting federal income tax returns were told that their returns had already been filed, most likely by an identity thief. An April 14 ADA email alert and an earlier Michigan Dental Association alert

said some member dentists suspect tax return identity theft.

Other states where dentist members reported that they have been affected include Arizona, Colorado, Connecticut, Indiana, Kentucky, Maine, North Carolina, Ohio, Oklahoma, Tennessee, Texas and Wisconsin.

There are a number of steps dentists can take if they learn their identity has been used to file a tax return, the ADA and MDA member alerts said.

- Alert your own accountant and attorney

as soon as possible. They can be helpful in the process.

- Notify the IRS Identity Protection Specialized Unit at 1-800-908-4490. More information on reporting tax fraud to the IRS and additional steps to take is available online at FTC.gov. You will need to complete Form 14039 and mail it with other documentation to the IRS.

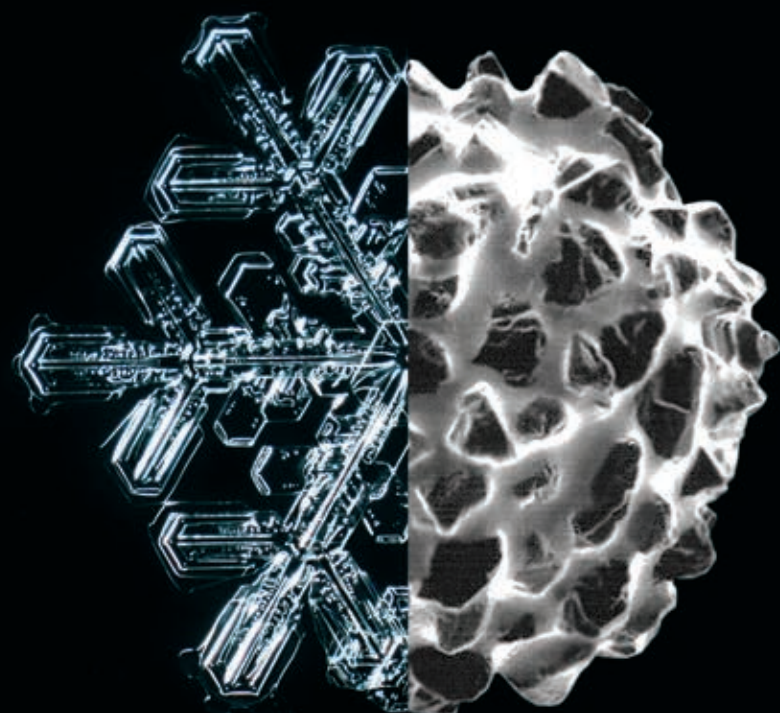
- Notify the Federal Trade Commission online or by calling 1-877-438-4338.

- Contact the three credit reporting agencies to place a fraud alert on your credit report: Equifax (1-800-525-6285), Experian (1-888-397-3742), and TransUnion (1-800-680-7289).

- Notify local law enforcement and file a police report using the FTC Identity Theft Report.

An ADA member resource, Protecting Yourself from Identity Theft, is available at ADA.org. The Association will update members in ADA media and with other appropriate communications as this story develops. ■

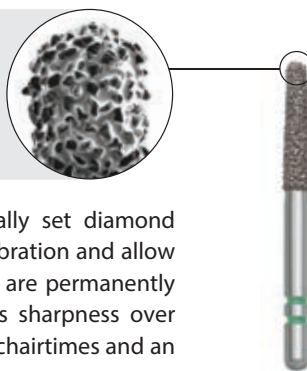
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**Who's next?:** Dr. Christina Tseng (green scrubs) and Dr. Sooyung Flakes walk by schoolchildren waiting to see dental volunteers at New York Methodist Hospital Feb. 6 when Second District Dental Society volunteers treated children in a trio of nearby locations. A total of 664 children received screenings and treatment at New York Methodist Hospital, the New York City College of Technology Dental Program and P.S. 3.



**Helping hands:** Providing oral health care to children in need gave volunteers from the New York City College of Technology Dental Program their own smiles Feb. 6 on Give Kids A Smile Day. The volunteers treated children as part of the Second District Dental Society GKAS Day event. From left, back row, are Dr. Gwen Cohen-Brown; hygienists Shu-Ping Cheng, Boshra Said, Li Dan Wu and Beata Golibiewska; and Dr. Sari Rosenwein. Front row, hygienists Wafa Ali and Danielle Foley; Madina Makisheva, student dental hygienist; and hygienist Anty Lam, event coordinator.

# ADA News

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# JADA Live in Arizona

Scottsdale, Ariz.—See the latest in office design at JADA Live in June.

To help dentists make informed decisions and make the most of their practice investment, the publishers of The Journal of the American Dental Association are bringing JADA Live—Advancing Your Practice Through Office Design to the Fairmont Scottsdale Princess on June 13 from 9 a.m. to 5:30 p.m.

“This full-day event is a great resource for dentists who may be considering building or remodeling their existing space—and for new dentists considering starting their own prac-

tice,” said Michael Springer, senior vice president of business and publishing at the American Dental Association.

At JADA Live in Scottsdale, Dr. Mark Tholen, former chief executive officer at T.H.E. Design, a dental office design firm that has created more than 3,000 offices in the U.S.,

Europe and Australia, will break down the office design process and teach techniques to increase office efficiency. Dentists will participate in interactive sessions and use financial calcula-

tors to understand the impact of the improvements to their dental offices.

Participants will be able to interact with exhibitors and have hands-on sessions with the latest in dental technology.

JADA Live participants will receive six units of continuing education credit upon successful completion of the course. To register, visit <http://jadalive.org> or call 1-888-692-2631. Registration for each seminar is \$315 for ADA members and \$375 for nonmember dentists. The first 100 attendees to register will receive a copy of the ADA's bestselling new book, The ADA Practical Guide to Dental Office Design, which retails at \$134.95. ■

**JADA**  
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# VIEWPoint

## MyView

### Out of the ER



Ruchi K. Sahota, D.D.S.

**T**wenty-eight days. New patients have to wait almost a month to get an appointment for an exam in many of California's community clinics. According to the California HealthCare Foundation, the group of Federally Qualified Health Center clinics in our state is an unorganized, loose association of clinics that is hardly a safety net. A surprisingly large number of patients are falling through the net and landing in our local hospitals.

In fact, diabetes is not necessarily the most common chronic disease seen in patients in California emergency rooms. Twenty-six out of 58 counties' emergency departments report higher rates of patients with preventable dental conditions than for both asthma and diabetes.<sup>1</sup> In fact, dental pain is the cause for more than 2 million visits to emergency rooms throughout the country every year. And the number of emergency room visits for preventable dental conditions in California is growing at a faster rate than the state's population.<sup>2</sup>

When are these patients with dental pain visiting hospital ERs? On the weekend? At night? When our offices are closed? No. A recent Journal of Oral and Maxillofacial Surgery article unexpectedly found otherwise, stating, "The majority of the patients presented between 7 a.m. and 6 p.m. on Monday through Thursday, with the highest percentage on Monday."<sup>3</sup> In fact, women ages 21 to 34 are the highest users of ERs for dental problems.<sup>2</sup>

The ADA reports that almost 20 percent of lower-income adults admitted that they or a household member, during some point in their lifetime, had turned to the emergency room because of dental pain. Unfortunately, the majority of these adults (94 percent) left without a final resolution for their pain.

Because very few hospitals have dental clinics or dentists on staff, patients with dental complaints are routinely sent home with analgesics and antibiotics. The pain may subside for a short time, but the cause of the problem remains.

The cavity. The abscess. The tooth. The disease remains. And the statistics agree. Ninety-six percent of lower-income adults who visit the ER with dental pain self report that their problem was not solved.<sup>4</sup> The JOMS article focused on a pilot program designed to reduce the burden on already overcrowded emergency rooms. Patients were redirected from the ER into an urgent dental care clinic inside the hospital staffed by dentists. The number of patients treated in the ER decreased by half. And only a third of those patients returned for a successive dental issue.

Maine also has a proven method to help reduce return visits. Eleven of Maine's emergency departments employ a simple protocol. Patients who present with dental pain receive two directives: a prescription for antibiotics and analgesics and a referral slip for a local clinic or oral surgeon. This resulted in a 70-percent reduction overall in ER visits for dental pain.

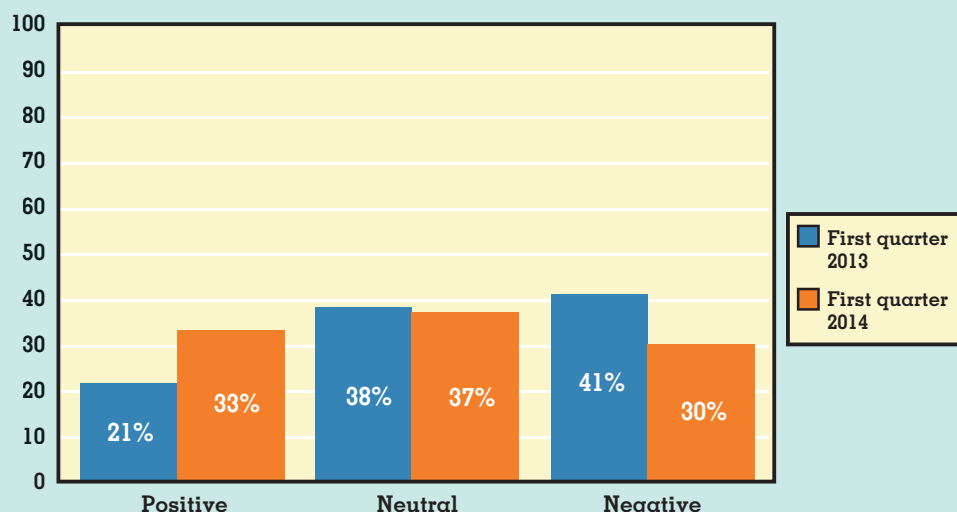
Revolutionizing resolutions exist in other parts of the country as well. Local dentists and community leaders in Calhoun County, Mich., came up with a novel solution. Low-income inhabitants were diverted out of the

See MY VIEW, Page 5

## SNAPSHOTS OF AMERICAN DENTISTRY

### Dentists' confidence in net income

**W**hen asked how they feel about their net income today, more dentists responded with "positive" compared to one year ago.



Source: American Dental Association, Health Policy Resources Center, Dentists' Economic Confidence Surveys

## Letters

### Insurance and utilization

**B**ravo, Dr. Kolinski (Letters, March 3, ADA News). His opinions on insurance and utilization are spot on.

Like Dr. Kolinski, I, too, have practiced dentistry for many decades. I remember when fee-for-service with a flexible fee schedule was the model for dental care. The system, while not flawless, worked. Fees were affordable. Patients were not turned away. Those who could afford to pay did. Those who couldn't afford to pay paid what they could. The number of dental graduates largely reflected the demand for care.

Insidiously, the influence of government, third-party payers and increasing numbers of dental school graduates have changed the model for dental care and disrupted a delicate supply/demand balance. And as Dr. Kolinski implies, the voices of the practicing clinical dentists

have largely gone unheard. The result has been a re-crafted dental health care system more flawed than ever.

Practicing dentists are burdened with enormous debt in an era of declining patient visits and declining revenues. Dentist incomes are falling. And still new dental schools pop up and existing dental schools increase their graduating class sizes. Am I crazy, or does this just not make any sense?

Government, third party payers and dental schools have agendas that do not necessarily coincide with the best interests of the practicing dentist, our profession or even our patients. They have fostered a change whereby the dentist must be a businessman in order to prosper and survive. While some may say this is a change for the better, I say the change has weakened care, fostered bad actors and could culminate in a sad end to a noble profession.

Anthony R. Silvestri, Jr., D.M.D.  
Boston

### UPS discounts available to ADA members

ADA members are eligible to exclusive savings of up to 36 percent off regular shipping costs through UPS, the shipping company endorsed by ADA Business Resources.

Practices that enroll by in the UPS savings program by April 30 will be entered to win one of five \$100 Visa gift cards.

Through the program, members will see competitive rates available on shipping services, more service options, ground delivery coverage and overnight delivery by 10 a.m.

In addition, dental practices will have the same driver for express and ground deliveries with convenient drop-off locations.

If you're already a UPS customer, call 1-800-MEMBERS to switch your current UPS account to the ADA Member program. First time enrollees in the UPS savings program can also call or visit [savewithups.com/ada](http://savewithups.com/ada). ■



### LETTERS Policy

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](mailto:ADANews@ada.org).



# Member-Get-A-Member program recruits 119 in 2013

BY KIMBER SOLANA

Thanks to the recruitment efforts of current members, the ADA welcomed 119 new members in 2013, recruited through the Member-Get-A-Member program.

The Member-Get-A-Member program rewards members with a \$100 gift card for each new, active member they recruit (up to five members), or recruiters may decline the incentive and the ADA will make a donation to the ADA Foundation.

Along with the incentives, members are provided with a set of tools such as printable promotional materials and recruitment tips to help the ADA grow.

"Organizations don't connect with people the same way people connect with each

other," said Dr. Tom Kelly, chair of ADA Council on Membership. "When I speak one-on-one, I can ask about what my fellow dentist is looking for and then share how membership is valuable and how being a member can help address his or her needs as dentists."

The Member-Get-A-Member program was the outgrowth of conversations in the ADA Council on Membership where members realized how many of them had a one-on-one experience with a dentist who had encouraged them to join, Dr. Kelly said.

As for 2014, the program hopes to recruit

even more members by targeting graduate students.

Many graduate students don't realize that the ADA has a membership option for them while they are completing their advanced dental education or residency programs, Dr. Kelly said.

"It's a great bargain at just \$30 a year, and graduate student memberships are eligible for the Member-Get-A-Member incentive," he said.

For more information on the Member-Get-A-Member program, including downloadable promotional materials and tips, visit [ADA.org/MGAM](http://ADA.org/MGAM). ■



**Get-A-Member:** Dr. Tom Kelly speaks during an ADA Council on Membership meeting on April 3 at ADA Headquarters.

## MyView

*Continued from Page 4*

ER and into local dental offices. The dentists provided care. In exchange, the patients provided community service to local nonprofits. The ADA reports that ER visits for dental pain decreased by 72 percent over five years and repeat visits are very rare. Calhoun County reaped the benefits two ways: the hospital saved \$6 million and the community received more than 43,000 hours of volunteer service.

Such out-of-the-box thinking is crucial. We need more providers in underserved areas. We need opportunities and people to provide care in school settings, nursing homes and rural areas. Additional inclusion of oral health information in medical, nursing and other health provider curricula may strengthen the connections between dentists and other members of the medical community.

In the last few years, we have seen organized dentistry unite with policymakers to ease the access to care issue in our state. Henry Ford said, "Coming together is a beginning; keeping together is progress; working together is success." Success may come in increments. Be it increased fluoridation. Be it increased reimbursements for Medi-Cal patients. Or be it simple protocols that divert patients out of our emergency departments. We will have to do what Michigan did. Dentists and community leaders will have to come together and think out of the box to help get dental patients out of our ERs.

### REFERENCES

1. California HealthCare Foundation. 2009. Snapshot: Emergency Departments Visits for Preventable Dental Conditions in California.
2. [ADA.org/sections/newsAndEvents/pdfs/Fact\\_Sheet\\_Action\\_for\\_Dental\\_Health\\_Programs.pdf](http://ADA.org/sections/newsAndEvents/pdfs/Fact_Sheet_Action_for_Dental_Health_Programs.pdf).
3. McCormik, A, Abubaker, et al. (2013). Reducing the Burden of Dental Patients on the Busy Hospital Emergency Department. *J Oral Maxillofac Surg*. 71:475-478.
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*Dr. Sahota serves as associate editor of the Journal of the California Dental Association and is a consumer advisor for the ADA. She is also a clinical instructor at the University of the Pacific, Arthur A. Dugoni School of Dentistry and lectures regularly for The Dentists Insurance Company, TDIC. Her remarks, reprinted with permission, were originally published in the March issue of the Journal of the California Dental Association.*

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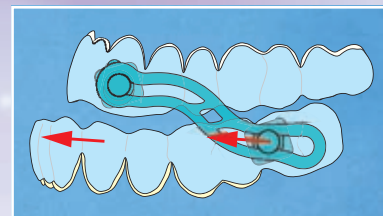
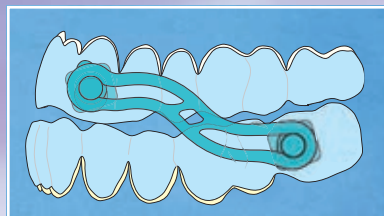
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Dentists throughout the country gathered in Alaska April 11-12 to provide care to an estimated 1,589 underserved Alaskans during the state's first Mission of Mercy event, where volunteer dentists offer services free of charge. Some 240 dentists, many from in the state but others from Florida, Nevada, Oregon and Texas, joined approximately 1,300 community volunteers at the Dena'ina Center in Anchorage, according to Dr. David Nielson, executive director of the Alaska Dental Society. "I would say what makes this one unique compared to other Mission of Mercy



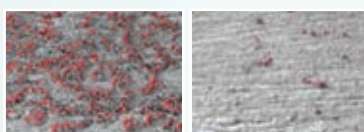
*Photo courtesy of WSDA News*

*Action for*  
**DENTALHEALTH** ➔  
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Dr. Sarah Dirks started Geriatric Dental Group of South Texas in 2006 after 18 years teaching at the University of Texas Health Science Center at San Antonio. Some 75 percent of Dr. Dirks' patients live in long-term care facilities, and 25 percent live in their homes with the help of family or professional caregivers. Dr. Dirks was quoted in The New York Times as saying, "Every nursing home needs an oral care champion." Some dentists may be hesitant to treat patients who have complex medical issues and unaware of a little-known provision in Medicaid law that allows some nursing home residents to use their social security payments to cover medically necessary dental expenses not covered by their state's Medicaid. ■



10





Where can you find  
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## GOVERNMENT

# ADA answers questions on ACA in the dental practice

If they already haven't, patients with dental benefits under the Affordable Care Act will soon begin visiting dental offices. This is a continuation of a Q&A series on how

the ACA affects dentists in their practices. The questions are based on ones the ADA Practice Institute has received in its call center.

**What do I need to know about pediatric dental benefits now that they are considered an essential health benefit under the law?**



In general, the dental benefits children will have when visiting your practice will be very similar to commercial dental benefits you have seen in the past. The difference is that the

ACA marketplace must make sure that pediatric dental benefits are offered to consumers, and nonmarketplace health plans must either cover pediatric dental benefits or be reasonably assured that children enrolled in their health plan have dental benefits from a different source. Two other important features of the pediatric dental essential health benefit relate to cost-sharing and out-of-pocket maximums. Unlike many medical preventive services, preventive pediatric dental services may be subject to cost sharing. This means that the patient may need to meet a deductible, provide a copayment or pay a coinsurance percentage for preventive dental services. Additionally, the out-of-pocket limit for children enrolled in stand-alone dental plans is \$700 for one child and \$1,400 for multiple children. State exchanges, however, may set their own out-of-pocket limits for stand-alone dental plans. These out-of-pocket maximums are not applicable to dental benefits purchased for adults through the marketplaces.

**A patient came in with dental benefits purchased through the ACA Marketplace, and I noticed that the insurer looked like a medical plan. Am I automatically a non-participating dentist?**

It is very likely that a medical plan offering the dental benefit is doing so through a subcontract with a typical dental benefit company. In these cases, you may already have a contract with the dental benefit company and would be considered an in-network dentist. If you do not have a contract you are considered an out-of-network dentist, as usual.

**How are dental offices supposed to bill medical insurance plans for dental procedures?**

Typically, dental offices will still submit the ADA dental claim form with CDT procedure codes. Billing using the electronic claim form through the patient management software also remains the same. However, this is all very new and everything is not yet known. The ADA is monitoring how medical plans with embedded dental benefits are processing claims and will provide additional information as it becomes available.

**I came to know that although the medical carrier is listed on the card, the benefit is being provided by a dental company and I already have a contract with them. My current contract with the dental company hasn't been modified to indicate that it also applies to the patients enrolled with the medical carrier; can I charge my usual fee?**

Normally, you are bound by the terms and conditions of the signed participating provider agreement including the agreed upon fee schedule with the company providing the dental benefit. As we noted, it is very likely that a medical plan offering the dental benefit is doing so through a subcontract with a typical dental benefit company and you might have an agreement with this company.

**Some children are presenting with two dental plans now or, in some cases, even more. How can I determine which plan is primary or secondary?**

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## Q&A

*Continued from Page 8*

Since the implementation of the ACA, nothing has changed when it comes to coordination of benefits. The plan in which the patient is enrolled as an employee or as the main policyholder is primary. The plan in which the patient is enrolled as a dependent is secondary. The typical rules for dependents with parents who have overlapping coverage rely on the birthday rule, that is, the parent with the earliest birthday in a calendar year is primary. In the case of divorced/separated parents, the court's decree would take precedence. If both policies were issued to the same parent on the same day (as they might have been through an exchange), the model act on coordination of benefits requires the carriers to work out the issue or share equally in the claim. Discussions on this topic are beginning in the insurance industry and there may be new guidance soon. We will keep you informed of changes.

**My patient's dental benefits are embedded in a medical plan. What does this mean in terms of deductibles and out-of-pocket costs for dental services?**

Each medical plan is different. Some medical plans will use the medical deductible and out-of-pocket maximum for dental benefits, while others will have a separate dental deductible and out-of-pocket maximum. To ensure that you and your patient understand what will be paid by the medical plan, call the insurance company to find out: a.) how much deductible does the patient need to meet before receiving exams, prevention or restorative treatment and b.) what the out-of-pocket maximum is for dental services.

**Do I need to buy dental benefits for my own children?**

Medical plans offering individual or small group coverage outside an ACA health marketplace will be required to be "reasonably assured" that the enrollee has also purchased an ACA Marketplace certified pediatric dental benefit package. The "reasonably assured" standard is determined by state law or regulation. This final regulation issued on the essential health benefits by the Department of Health and Human Services requires all individual and small group plans offered outside of the health insurance marketplaces to provide all 10 essential health benefits, but al-

lows limited flexibility for consumers looking to maintain or purchase separate dental policies to do so. If you purchase through an exchange, you are less likely to have to purchase pediatric dental coverage. Except in four states (Washington, Nevada, Colorado and Kentucky) where the purchase of the pediatric dental essential health benefit is mandatory, the health marketplaces are only required to offer the pediatric dental benefit, either embedded in a medical plan or through a stand-alone dental plan. Additionally, Connecticut, the District of Columbia, Vermont and West Virginia have medical plans which all embedded pediatric dental benefits, so your child will automatically be enrolled in a pediatric dental benefit plan in these states.

**If I choose to treat my children, will I be reimbursed for the services I provide to my own children?**

The ADA believes that coverage should not be denied due to the familial relationship. The ADA has been active in contacting insurance companies and advocating on behalf of our member dentists to eliminate these exclusions as we are made aware of them. Most recently, the ADA has contacted the National Association of Dental Plans for further assistance in addressing companies that still have this exclusion and these efforts will continue.

**I have less than 50 employees and currently purchase medical insurance for my**

**staff and am thinking about giving them cash to purchase medical insurance on their own instead of buying it for them. How will this impact me?**

If you decide to give your employees cash to purchase medical insurance on their own, it will be treated as taxable income to them by the IRS and will also increase your payroll taxes. If you continue to purchase medical benefits for your staff, you may want to consider the tax advantages of a Section 125 plan, which will allow you to pay for the benefits on a pre-tax basis.

For further assistance, please contact the ADA at 1-800-621-8099 or [healthreform@ada.org](mailto:healthreform@ada.org). ■

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## Quick tips

Always contact the plan on the patient's ID card—both medical plans and standalone dental plans—prior to the scheduled visit.

Questions to ask the carrier:

- Does the patient have coverage?
- Any changes to billing/claim submission procedures?
- Summary of benefits for the plan that the patient has purchased. Remember these are individual plans and can be very different from patients to patients
- Whether you are an in-network dentist in that plan?
- Will the dentist be paid directly?
- Which plan is primary/secondary if there are multiple plans?
- How will explanation of benefits be sent?
- How will checks be sent? ■



# ADA describes dental partnerships in Indian Country

BY CRAIG PALMER

Washington—The Association described an emerging public-private partnership to improve the oral health of Native Americans in congressional testimony April 8 and invited Congress to participate.

“The ADA is committed to working with you, the Indian Health Service and the tribes to aggressively reduce the disparity of oral disease and to increase the level of dental care that currently exists in Indian Country,” the Association told Congress. “We know oral disease is preventable, especially if an adequate

dental workforce, individual and community-based prevention programs are in place, and an oral health literacy program supports the whole undertaking.”

Dr. Charles Norman, ADA president, testified on oral health issues that affect American Indians and Alaska Natives and the dentists who serve in the Indian Health Service and tribal programs.

“Tooth decay in Indian Country has reached epidemic proportions,” he told the House Appropriations subcommittee on interior, environment and related agencies,

which convened two days of hearings on fiscal year 2015 IHS appropriations and included the American Dental Association among 77 scheduled American Indian and Alaska Native witnesses, each limited to five minutes of oral testimony.

“According to data from the Navajo tribe, tooth decay is present in



Dr. Norman

48 percent of 1-year-olds and up to 94 percent of 4-year-olds,” Dr. Norman testified. “The decay rate of pre-school Navajo children is the highest in the nation.”

Several years ago, the ADA organized the Native American Oral Health Care Project to work with tribes in Arizona, New Mexico, North Dakota and South Dakota, Dr. Norman told the House panel. The dental associations in those states have held many meetings with tribal leaders to hear their concerns regarding needed dental care, he said. These collaborations have resulted in several specific dental activities.

The Association’s written testimony offered information on seven dental activities in Indian Country.

- The North Dakota Dental Association conducted “Pediatric Dental Days” in October 2013 for the Standing Rock Sioux Tribe. During the two-day event, 367 children were seen and about \$150,080 of donated dental services were provided.

- In 2013, the New Mexico Dental Association held a Mission of Mercy project in Farmington, which borders the Navajo reservation. More than \$586,000 in free care was provided to almost 1,000 patients, one quarter of whom identified themselves as American Indian.

- The Arizona Dental Association and New Mexico Dental Association have offered a 10 Year Oral Health Plan for incorporation within the Navajo Nation’s 10 Year Health and Wellness Plan.

- The New Mexico Dental Association is expanding dental care through the use of Community Dental Health Coordinators who bridge the gap between the existing care resources and unmet need. The NMDA is in discussions with a New Mexico community college to incorporate the CDHC curriculum into its educational program to educate American Indian students as CDHCs. Their goal is to have a new class ready to begin in 2014.

- The South Dakota Dental Association, in concert with the Delta Dental Foundation of South Dakota, was awarded a Centers for Medicare & Medicaid Services Healthcare Innovation Award to improve Native American oral health in 2012. The grant supported development of a modular CDHC training program to add oral health skills and understanding to existing Community Health Workers across reservations.

- The Arizona Dental Association has conducted regional roundtables with tribal representatives from 18 of the 22 Native American tribes in the state. The meetings have focused on oral health literacy, preventive programs, CDHCs, the educational pipeline and coalition building. Additionally, AzDA received a DentaQuest Development grant to support the work of the Native Oral Health Alliance, which was founded as an outgrowth of this collaboration. One of the most tangible pipeline project possibilities is in discussion with the San Carlos Apache Tribe.

- The ADA will be offering technical assistance and curriculum support as requested by the Navajo Nation for establishment of the Association’s Community Dental Health Coordinator program. Discussion is underway for a CDHC sabbatical to take place this summer.

The Association also called for a streamlined credential process for the Indian Health Service. “We know that if the IHS would streamline its credentialing process to make it easier for local dentists to volunteer we could ensure even more patients, especially children, receive needed care,” the Association testified. ■

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# Introduction of latest electronic diagnostic codes in the U.S. delayed

BY KELLY SODERLUND

Dentists will have more time to implement the latest version of the International Classification of Diseases, thanks to an extension the U.S. Senate passed March 31.

The Protecting Access to Medicare Act of 2014 moves the deadline for complying with the 10th version of the ICD from Oct. 1, 2014, to no earlier than Oct. 1, 2015.

The additional time gives the health care industry an opportunity to assess the challenges of implementing ICD-10 and to develop consensus in the industry on how to overcome those challenges, according to a news release from the Workgroup for Electronic Data Interchange, which was formed by the Secretary of Health and Human Services in 1991 to be a leading authority on the use of health information technology to improve health care information exchange.



Dr. Jurkovich

“WEDI believes that the delay in the ICD-10 CM compliance date will help avoid potential disruptions in the health care system by allowing all affected entities more time to

complete the necessary work and conduct extensive testing. IT is not a reason to pause,” said Devin Jopp, WEDI president and CEO.

ICD-10 CM will be the latest version of the disease classification used in the United States to record many types of health and vital records, including death certificates. Europe is already using ICD-10 and is working to implement ICD-11.

“The parts of the dental community most affected by diagnostic codes remains the oral surgeons; those treating temporomandibular disorders, facial pain and sleep apnea,” said Dr. Mark Jurkovich, who chairs the International Health Terminology Standards Development Organization’s Dental Specialty Interest Group and is also a member of the ADA Council on Dental Benefit Programs. “It also affects our smaller specialty groups like oral pathologists and oral radiologists, pediatric dentists and others who may treat patients in a hospital or outpatient surgical center and those who do more specialized services such as periodontal surgeries. Some of these services are paid for by medical plans in certain areas of the country. Still, this is just a small percentage of all claims filed by dentists in any year.”

Some of the state Medicaid programs may require ICD-9 CM or ICD-10 CM diagnosis codes for dental claims in the future. But those diagnosis codes may only be necessary to report to all other payers when the diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient’s oral and systemic health conditions.

Educational materials regarding ICD codes are being developed to include in the ADA’s CDT Companion guide, which will be available this fall.

ICD-10 was endorsed by the World Health Assembly in 1990 and WHO Member States began using it in 1994. The WHO worked with the ADA to use its Systematized Nomenclature of Dentistry, also known as SNODENT, to determine if the oral health codes

within ICD-11 were complete, comparable and compatible.

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 that 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 EHR Incentive Programs—known as the meaningful use of certified EHR technology. SNODENT has been mapped to both ICD-9 CM and ICD-10 CM. In addition, a subset of SNODENT

has been developed with mappings to ICD-9 CM, ICD-10 CM and the CDT. SNODENT is distributed by the ADA as a set of downloadable files, which are available to the oral health community under license.

For more information on SNODENT, visit [ADA.org/snodent.aspx](http://ADA.org/snodent.aspx). ■

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# California soon may have a dental director

BY KELLY SODERLUND

*Sacramento, Calif.*—California may soon have a state dental director, a position long sought after by the state dental association. Gov. Jerry Brown’s 2014-15 budget includes funding for a state dental director, who must be a licensed dentist and an epidemiologist in the department of public health, to establish a state oral health program. The program will receive \$474,000 the first year and include assessing oral health needs in the state, developing and managing a state

oral health plan and applying for and managing federal and private grants to support oral health. “There is money from the federal government for oral health programs that the state of California has consistently left on the table,” said Dr. James Stephens, president of the California Dental Association. “A state dental director will be instrumental in actively applying for and securing those funds.” Establishing a dental director was the top priority of the CDA in its 2011 access to care

plan, “Phased Strategies for Reducing the Barriers to Dental Care in California,” which can be found at [cda.org/portals/0/pdfs/access\\_report.pdf](http://cda.org/portals/0/pdfs/access_report.pdf). “I think from everything we learned when we studied the access to care issue is that states that make this commitment to oral health and hire a state dental director have much improved outcomes over states that do not,” Dr. Stephens said. In the governor’s outline for the position, which is modeled after CDA’s proposal, the

dental director will be charged with developing a burden of disease report, leading the collaborative process to create a state oral health plan and managing the implementation of the plan. The role will also include establishing prevention and oral health literacy projects and working to secure funding for prevention-focused oral health and essential disease prevention services, particularly for children. The California legislature must approve the 2014-15 budget package by June 15 before it goes into effect July 1. CDA promises to keep its members informed about the hiring and progress of the state dental director through its regular communications and its website [cda.org](http://cda.org). “There are nearly 40 million people in California and 8-9 million experience some kind of barrier to oral health care,” Dr. Stephens said. “It’s got to be better. I believe this will make a significant difference.” ■

Dr. Stephens

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## ADH bill

Continued from Page 1

a dental education, dental hygiene education or postdoctoral dental education program accredited by the Commission on Dental Accreditation or a community-based organization that partners with an academic institution.

- Grants for public-private partnerships to improve oral health education and dental disease prevention and Medicaid and CHIP dental programs—The secretary shall award grants to or enter into contracts with eligible entities to collaborate with state, county or local public officials and other stakeholders in order to develop and implement initiatives to accomplish any of the following goals:
  1. To improve oral health education and dental disease prevention, including community-wide prevention programs, use of dental sealants and fluoride varnish and increasing oral health literacy.
  2. To reduce barriers (including low reimbursement and administrative impediments) in a manner than increases dental provider participation in Medicaid and the Children’s Health Insurance Program.
  3. To make the health care delivery system providing dental services under Medicaid or CHIP more accessible and efficient by taking actions necessary to facilitate the establishment of dental homes for children, adults and the aged, blind and disabled population.
  4. To address geographic, language, cultural and similar barriers in the provision of dental services.
  5. To reduce the use of emergency departments to seek dental services more appropriately delivered in a dental primary care setting.

A state or local dental association or a state dental association foundation that partners with public and private stakeholders to facilitate the provision of dental services for underserved populations would be eligible for this grant. ■

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# Time to check annual water reports

Dental professionals can assess status of their community's water and fluoride levels

Between now and July 1, water suppliers nationwide are required to send their customers annual Water Quality Reports or Consumer Confidence Reports, giving



take this opportunity to demonstrate our support for community water fluoridation and our appreciation of the efforts of the water plant personnel," said Dr. Valerie Peckosh, a pediatric dentist in Dubuque, Iowa.

Dr. Peckosh is chair of the chair of the National Fluoridation Advisory Committee and a member of the ADA Council on Access, Prevention and Interprofessional Rela-

tions. "Read the reports, tour your water plant, visit with the plant staff and let them know how important water fluoridation is to you."

Water systems are required by the U.S. Environmental Protection Agency to issue these annual reports. For more information on CCRs, log on to the EPA website, [water.epa.gov/drink/local/index.cfm](http://water.epa.gov/drink/local/index.cfm), or visit the "My Water's Fluoride" page on the

Centers for Disease Control and Prevention website ([apps.nccdc.cdc.gov/MWF/Index.asp](http://apps.nccdc.cdc.gov/MWF/Index.asp)) to check on local water system fluoridation status.

Or contact the local water supplier or the local, county or state health department for more information about the fluoride content of your water system's water.

For more information on fluoride and fluoridation, visit [ADA.org/fluoride.aspx](http://ADA.org/fluoride.aspx). ■

dental professionals the opportunity to check on the status of their community's water—and in particular—its fluoride levels.

The reports, which detail quality and content of water may be mailed to consumers' homes, often with the water bill, published in local newspapers or posted online.

"There is a tremendous amount of energy being put forth across the country by anti-fluoridationists, so dentists should

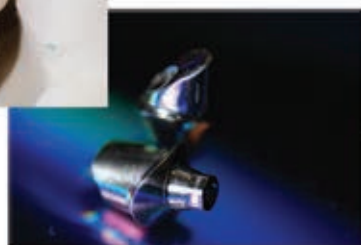
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**Appointee:** Dr. Linda Niessen, dean of the Nova Southeastern University College of Dental Medicine, Fort Lauderdale-Davie, Fla., was appointed to serve through Aug. 31, 2016, on a 17-member federal advisory committee on training in primary care medicine and dentistry. "The advisory committee through its policy recommendations has the ability to improve the health of our Florida residents and the U.S. population through innovative health professional training programs," Dr. Niessen said. The ADA has long supported dental representation on the panel, which offers advice and recommendations on policy and program development to the Department of Health and Human Services and is responsible for annual reports to Congress concerning certain activities under the Public Health Service Act. ■



# Term “Plus” Universal Life Plan helps dentists insure themselves and save money

BY KELLY SODERLUND

Phoenix—Dr. Sameet Koppikar did the smart thing with his life insurance purchase. In his quest to save wherever he could, he turned to the ADA and quickly realized the value of membership.

Dr. Koppikar, 39, was familiar with the ADA Term Life Plan, which has been the flagship of the ADA Members Insurance

Plans since 1934. But what really interested him was the ADA Term “Plus” Universal Life Plan, which combines term life coverage with a tax-deferred savings benefit.

Dr. Koppikar was attracted to the competitive interest rate paid on Term Plus premium deposits, which currently yields a more lucrative return than traditional bank savings or certificate of deposit. Under the ADA Term

Plus Plan, members under age 65 can apply for up to \$3 million in term life insurance and earn 2.7 percent interest on their premium deposits through year-end 2014.

Because it’s tax-deferred, that’s equivalent to approximately 4.2 percent, assuming a 35 percent tax bracket. The ADA Term Plus Plan interest rate is guaranteed never to fall below 2.5 percent and is reviewed annually by the

insurance company Great-West Life & Annuity Insurance Company to ensure the plan remains competitive in the market.

Dr. Koppikar also liked the fact that the life insurance is renewable up to age



Dr. Koppikar

90, and his savings can continue to build. The ADA Term Plus Plan also affords flexibility by permitting any needed saving withdrawals without penalty any time after the first year of coverage. For Dr. Koppikar, who practices in Phoenix, it’s a plan that pays for itself.

“It was pretty cost-effective compared to other plans, and it was really easy to apply for,” Dr. Koppikar said. “If you have a decent amount of money in the savings account, the interest you get back pays for some of the premium. Instead of keeping a savings account in a bank, you can keep some savings in this plan and it keeps the out-of-pocket cost of the premiums down.”

“The ADA Term Plus Universal Life Plan is a tangible member benefit which provides insurance cost value and savings,” said Dr. Robert A. Coleman, chair of the ADA Council on Members Insurance and Retirement Programs. “We encourage members to request a personal plan illustration to see how it compares to what’s in their portfolio and consider taking advantage of this particular ADA member benefit.”

The ADA-sponsored Term Plus Universal Life Plan is just one of the five group ADA Members Insurance Plans designed exclusively for ADA members.

For more information about the ADA-sponsored Term Plus Universal Life Insurance Plan costs, coverage terms, conditions and limitations, call an insurance plan specialist at 1-888-463-4545 or visit [ADALifeplus.com](http://ADALifeplus.com). ■

—soderlundk@ada.org

## How Important is your Mouth Mirror?



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## Guide

Continued from Page 1

employees and independent contractors;

- Explanations of salary, commission, bonuses and benefits;

- What a noncompete clause is and how it differs from nonsolicitation;

- How mediation and/or arbitration can resolve disputes;

- Points to consider when hiring a lawyer to review the employment agreement.

The guide was created in response to Resolution 111H-2012 that directed an appropriate ADA agency to establish an educational program to provide assistance and resources to members contemplating employment contracts or associateships. The resources were to specifically target senior dental students, post-graduate students and resident members who have joined the ADA.

The Center for Professional Success is a one-stop shop for dentists who are seeking resources that will help them succeed as dental practitioners and small business owners. This ADA member benefit helps dentists find solutions to professional and personal challenges. The website includes everything from tips for choosing a career path to balancing personal and professional lives to planning for retirement. ■



# ADA Catalog products simplify dental practice processes

Whether in the back office or at chairside, products from the ADA Catalog can bring clarity and simplicity to what otherwise could be overly complex processes. The Chairside Instructor: A Visual Guide to Case Presentations and CDT 2014: Dental Procedure Codes are two exemplary such products.

The Chairside Instructor (W013) eases patient education tasks, enabling dentists to illustrate explanations of oral conditions and treatment plans and put them in terms patients can readily understand.

A best-seller, the Chairside Instructor laminated book is available in English (W013) and Spanish (W014). The book is \$59.95 for members and \$89.95 retail. The Chairside Instructor Digital Edition (W013D) is \$59.95 for members and \$89.95 retail. The digital edition is also available in English and Spanish.

An app of the Chairside Instructor may be purchased—\$99 for members; \$149 retail—from ADACatalog.org and downloaded at the Apple Store for Apple devices.

CDT 2014: Dental Procedure Codes lends itself to accuracy in documenting dental procedures, which can hasten reimbursements. The book is recognized as the official source for the most up-to-date dental procedure codes.

CDT 2014: Dental Procedure Codes (J014) is \$39.95 for members; \$59.95 retail. It is available as an e-book (J014D) and a print and e-book bundle (J014B). Also available is the 2014 CDT Code Check App for iOS (iPhone, iPad) and Android-powered mobile devices (phones and tablets) for \$19.99 in the Apple iTunes Store and the Android Market.

A 15-percent savings is available on all ADA Catalog products using promo code 14109 through May 31. To purchase, visit ADACatalog.org or call 1-800-947-4746. ■



## AADOM names Office Manager of the Year for 2013

The American Association of Dental Office Managers named Cindy Sooter, of Fitterling Dentistry in Joplin, Mo., its Office Manager of the Year for 2013.

Ms. Sooter was nominated for the award by Dr. Michael Fitterling, who in his nomination letter described how she and the rest of the dental team developed a plan to treat patients after a devastating tornado hit Joplin in May 2011.

"I never thought at 62 years I'd be doing dentistry in trailers for a year. There were many challenges and struggles but Cindy saw a vision of what the future could be," Dr. Fitterling wrote in his letter.

Ms. Sooter has been with Dr. Fitterling's practice for 14 years. As the 2013 award winner, she will receive a special package provided by CareCredit, AADOM's founding sponsor, including complimentary registration to the 2014 AADOM conference in San Diego in September, a profile story in AADOM's magazine, "The Observer," and \$1,000. ■



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ADARR0514



# Obtaining dental benefits is easy; finding information to compare plans is not

BY KELLY SODERLUND

Consumers have their pick of dental benefit choices through the new health insurance marketplaces but finding information on covered services is difficult, according to the ADA Health Policy Resources Center.

In their brief, "Health Insurance Marketplaces Offer a Variety of Dental Benefit Options, but Information Availability is an Issue," HPRC authors Cassandra Yarbrough, health policy researcher; Marko Vujicic, Ph.D., ADA managing vice president; and Kamyar Nasseh, Ph.D., economist, analyzed the level of information that is available to consumers when shopping for dental benefits within the marketplace.

**"As these marketplaces continue to evolve, however, effort should be given to improving the information base and presenting dental benefit plan comparisons in a user-friendly, easy-to-understand way."**

The Affordable Care Act requires small group and individual marketplaces to offer pediatric dental benefits to consumers. Dental benefits for adults are not an essential health benefit but some health or dental insurance plans may offer them.

"Our findings provide early insights into how the establishment of health insurance marketplaces under the ACA could affect dental benefits coverage for children, and, ultimately, access to dental care," the authors wrote in the brief. "The fact that there is often limited information available for consum-

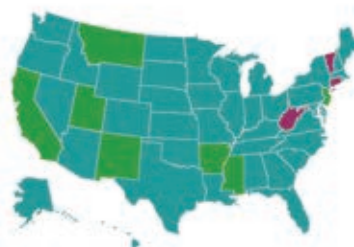
## Health Insurance Marketplaces Offer a Variety of Dental Benefit Options, but Information Availability is an Issue

GENERALLY, information is **NOT** available in the marketplace for consumers to make informed choices about dental coverage.

MONTHLY COST OF PEDIATRIC DENTAL BENEFITS THROUGH MEDICAL PLANS IS LOWER THAN THROUGH STAND-ALONE DENTAL PLANS (SADP)



DO MEDICAL PLANS INCLUDE PEDIATRIC DENTAL BENEFITS?



DOES THE PLAN HAVE A SEPARATE DENTAL DEDUCTIBLE?



Source: Yarbrough C, Vujicic M, Nasseh K. Health Insurance Marketplaces Offer a Variety of Dental Benefit Options, but Information Availability is an Issue. Health Policy Resources Center Research Brief. American Dental Association. March 2014. Available from: ADA.org

For more information, contact the Health Policy Resources Center at hprc@ada.org

Health Policy Resources Center

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ers to make more meaningful comparisons across plans has important implications. With less-than-full information it is challenging for consumers to make optimal choices."

The ACA gives states the authority to customize many key aspects of their health insurance marketplaces, including how pediatric dental benefits are offered which leads to variation in plan types across the states, according to the brief. In some states, all of the offered medical plans include pediatric dental benefits. In other states, none do. Stand-alone dental plans are offered in every state, with some only covering pediatric services and others covering services for a family.

While consumers have a choice, the authors expressed concern about the information available to make that choice. Many of the offered medical plans and stand-alone dental plans have deductibles or coinsurance amounts that apply to preventive pediatric dental services, meaning the consumer has to pay out-of-pocket.

"We feel that this issue needs to be revisited in the next round of health insurance marketplace regulation changes," the authors wrote. "Pediatric dental care is an important component of primary care. But the lack of first dollar coverage for basic preventive dental services for children in some plans could impose financial barriers to care, counteracting the purpose of making pediatric dental benefits an essential health benefit."

Thirty-four percent of medical plans with embedded pediatric dental benefits do not have a separate dental deductible, meaning the consumer will have to meet a higher medical deductible before the plan starts paying for some services. The authors expressed concern that there is a lot of information that remains unclear about the plans, even after more in-depth research.

The researchers acknowledged that some transparency issues are understandable at this point because the marketplaces are so new.

"As these marketplaces continue to evolve, however, effort should be given to improving the information base and presenting dental benefit plan comparisons in a user-friendly, easy-to-understand way," the authors wrote.

Understanding how dental benefits are offered in each state is important because it provides insight into how expanded coverage may increase access to dental care in the future, according to HPRC. HPRC plans to examine how dental provider networks and how different marketplace setups impact consumer purchase decisions and access to dental care.

"As the ACA continues to reshape the U.S. health care system, it is important to generate evidence on these and other issues in the dental care sector to help guide policy."

The ADA continues to analyze the Affordable Care Act and has lobbied for the government to provide more information to consumers about what it offers.

"The ADA made dental plan transparency a centerpiece of our lobbying efforts with regard to ACA implementation, with the goal of ensuring that consumers truly understand what they are buying," said Dr. Carmine LoMonaco, chair of the ADA Council on Government Affairs. "Obviously, many dental products currently offered on the marketplaces fail to meet that test. Greater transparency will continue to be a high priority going forward as ACA 'fixes' are discussed at the national and state levels." ■

—soderlundk@ada.org



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\* Based on food particle migration vs. no adhesive (1) TNS Info Plan, Usage and Attitude Study, Japan 2009. (2) Chapman Group, Denture care quality of life research; Canada 2005. (3) The Use of Soluble Denture Adhesives to Prevent Food Particles From Becoming Trapped Under Full Upper and Lower Dentures, Study L3920658, 2010. (4) A Study of Denture Adhesives in Well-Fitting Dentures, Study L3510566, 2008.





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# ADA New Dentist Committee names leadership, program award recipients

BY KIMBER SOLANA

A pediatric dentist in Spokane, Wash. An attending orthodontist at The Children's Mercy Hospital in Kansas City, Mo. A Fantasy Football league in San Antonio. And the Illinois State Dental Society New Dentist Committee. These are the recipients to be honored this year by the ADA New Dentist Committee.

The award recipients were chosen for their excellence in programing and leadership in support of dentists who have graduated from dental school less than 10 years ago. They will be honored at the 2014 New Dentist Committee Conference, set for July 17-19 in Kansas City (ADA.org/newdentistconf).

The committee announced the following awards earlier this month:

- Golden Apple Award for New Dentist Leadership—Dr. Dustin S. Burleson of the Missouri Dental Association. Upon completing his residency in 2006, Dr. Burleson started private practice and also became the attending orthodontist at The Children's Mercy Hospital in Kansas City. He is now the director of the Leo H. Rheam Foundation for Cleft and Craniofacial Orthodontics. In



**Fantasy football:** Participants of the San Antonio District Dental Society's Committee on the New Dentist inaugural Fantasy Football league pose for a group photo on draft day. The program, which garnered interest from new dentists and residents, is the recipient of this year's New Dentist Committee Outstanding Program Award of Excellence.

2008, he accepted a part-time teaching position in the Graduate Department of Orthodontics and Dentofacial Orthopedics at the University of Missouri Kansas City. Dr. Burleson became involved in organized dentistry early on, participating in the MDA New Den-

tist Committee and the Board of Directors of the Greater Kansas City Dental Society from 2009-13. From 2011-13, he was a delegate of the MDA. In 2013, he became president-elect of the GKCDs, setting up 2014 as the year of his presidency.

- Golden Apple for New Dentist Legislative Leadership—Dr. Christopher Herzog of the Washington State Dental Association. As a new dentist, Dr. Herzog has already amassed an extensive list of accomplishments, including induction in the Pierre Fauchard Academy in 2011, serving as president of the Washington State Association of Pediatric Dentists in 2012, and continued service in the boards or executive councils of the WSDA, the Spokane District Dental Society and the Washington Dentists' Insurance Agency. "When we need help with a fundraiser, getting the word out, or really anything that's going to advance organized dentistry, Dr. Herzog always has his hand up. He really is a one-man juggernaut in the legislative arena," wrote Steve Hardymon, WSDA ex-



Dr. Burleson



Dr. Herzog

ecutive director, in nomination papers.

- New Dentist Committee Outstanding Program Award of Excellence—San Antonio District Dental Society's Committee on the New Dentist. The committee earned the award for excellence with its Fantasy Football league involving new dentists and residency students who teamed up with a "corporate sponsor," such as Henry Schein and Northstar Financial. There was no monetary award, only glory and a custom trophy that the winner gets to display in his or her office for an entire year. The program provided a unique and innovative way for members and sponsors to interact and form connections through an activity that is not directly related to dentistry. The program generated interest in 221 SADDs new dentists and they expect more participants in 2014.

- Outstanding New Dentist Committee—Illinois State Dental Society New Dentist Committee. The committee established a New Dentist Network by working with each component and branch presidents to identify a current new dentist leader. They then developed a training session, and created a New Dentist Leader Toolkit that provides new leaders the tools and resources to be successful within their local area. Since the first training program in March 2013, several local areas have hosted a new dentist event while more new dentists are attending their local meetings. ■

—solanak@ada.org

## NDC early registration ends May 23

Kansas City, Mo.—The American Dental Association  
**28<sup>th</sup> New Dentist Conference**  
 Kansas City, Missouri | July 17-19, 2014

With a month left for early bird registration, those interested in this year's New Dentist Conference may have a chance to win some prizes, including free lodging during the event.

Those who register by May 23 will get a chance to win one complimentary registration for the conference (valued at \$275-\$525); three nights lodging at the Sheraton Kansas City Hotel at Crown Center, July 17-19; two complimentary registrations to ADA 2014—America's Dental Meeting in San Antonio, Oct. 9-12; and three nights lodging at the Hyatt Regency Riverwalk in San Antonio, Oct. 9-12 (valued at \$700).

The ADA 28th New Dentist Conference is set for July 17-19 at the Sheraton Kansas

City Hotel at Crown Center. The event seeks to provide new dentists (less than 10 years out of dental school) with tools and resources, including dental education and leadership development, to help them become better dentists in this state of their careers.

The pre-conference registration deadline is July 2. Attendees may register on-site (an additional \$50 registration fee will be applied). As courses fill quickly, early registration is encouraged.

To register, visit ADA.org/newdentistconf and click on the "Register Now" button. For more information on the 2014 New Dentist Conference, call the ADA New Dentist Committee office on the ADA toll free number, ext. 2779, or email newdentist@ada.org. ■

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**Who's the doctor:** Dr. Ashla Martin enjoys Give Kids A Smile fun with a young patient in her Pearland, Texas, office (left), before seeing her in the dental chair (above right). A total of 20 Pacific Dental Services-affiliated practices, including the Pearland office, and 122 volunteers in Arizona, California, Colorado, Nevada and Texas participated in GKAS programs this year, providing 155 children with nearly \$100,000 in free comprehensive dental services.



# 2014 student ethics video contest entries sought

The submission period is open for the 2014 Student Ethics Video Contest, which the ADA Council on Ethics, Bylaws and Judicial Affairs sponsors annually. The entry deadline is July 31.

CEBJA has sponsored the contest since 2010 to draw student attention to the ethical dilemmas that dental students and dentists may encounter and to provide an exercise focusing on appropriate responses based on the ADA Principles of Ethics and Code of Professional Conduct.

"The contest brings a focus on ethics and the Code as a differentiator for our profession," said Dr. Richard Rosato, CEBJA chair.

"The council feels that the Code is what creates and maintains the public



**Dr. Rosato**

view of dentistry as a profession versus a trade and begins the process of building trust with the public.

"The contest creates an environment of exposure and learning of the Code to our soon to be dentists and allows a vision of how the Code might help in the day-to-day practice dilemmas that

we all encounter."

The contest is open to degree-seeking students at, or new graduates of, any ADA-accredited dental school who are 18 or older, U.S. citizens and members in good standing of the American Student Dental Association.

To qualify, videos should be no more than four and a half minutes long and must portray the application of one or more principle, code or advisory opinion contained in the ADA Principles of Ethics and Code of Professional Conduct.

The 2014 first place winner will receive \$2,000. An honorable mention video will be awarded \$1,000. CEBJA will announce the winners at the ADA 2014—America's Dental Meeting in San Antonio, where the winning videos also will be on display.

"Implanting Greed" and "Gray Areas," the 2013 grand prize winner and honorable mention winner, respectively, can be viewed online at [ADA.org/4064.aspx](http://ADA.org/4064.aspx).

For more information, contest rules and entry forms, contact Earl Sewell at [sewelle@ada.org](mailto:sewelle@ada.org). ■

## Dental group reaches 11,000 with NCDHM education



**Toothy fun:** Children at Meadowbrook Elementary School dressed as teeth and get "brushed" by dental assistant Crystal Steinbrecher during a toothbrushing demonstration.

*Wauwatosa, Wis.*—Dental Associates dentists and staff members throughout Wisconsin hosted oral health education events at daycare centers, YMCAs, preschools and elementary schools in their communities, reaching more than 11,000 children in February for National Children's Dental Health Month.

Dentists and dental assistants from Dental Associates clinics in Milwaukee, Wauwatosa, Franklin, Sturtevant, Kenosha, Fond du Lac, Green Bay, Appleton, north Appleton and Greenville hosted interactive classroom visits in their communities, emphasizing brushing, flossing, regular checkups and healthy diet for good oral health.

"It was exciting to tally the numbers because our 10 clinics reached 11,000 children," said Dr. Thomas Manos, president of Dental Associates. "We're committed to helping our communities in every way we can and enjoy teaching little ones how to care for their teeth."

Presenters discussed brushing twice a day for at least two minutes, flossing, seeing a dentist for regular checkups and the importance of a healthy diet.

Each child received a dental kit with a toothbrush, toothpaste, floss and dental care information. ■

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\*Semi-annual rates are effective as of 1/1/14 and include a 55% Premium Credit discount. The ADA's Premium Credit discount allows plan participants to benefit from favorable claim experience; discount is not guaranteed but re-evaluated annually. A 9% volume discount has been reflected in the premium shown, a discount of 11% is available with higher coverage amounts.

For information about coverage provisions and limitations, terms for keeping coverage in force, or insurance costs, contact ADA Members Insurance Plans.

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## MEMBERSHIP

# R&R Conference highlights building member value through Power of 3

BY KIMBER SOLANA

In an effort to build and enhance member value, 150 state and local dental society volunteers and staff members dedicated to growing membership gained innovative perspectives from colleagues and speakers at the 2014 ADA Annual Conference on Membership Recruitment and Retention.

With the theme of Power of 3: Building Member Value, the key focus was the newly launched initiative aimed at positioning the national, state and local levels of the ADA for ongoing growth.

Even the “Three Musketeers” made a special appearance in support of their goal during the April 4-5 event at the ADA Headquarters.

“I hope the idea of ‘All for one, and one for all’ resonated with the great group of membership leaders in attendance,” said Dr. Tom Kelly, chair of ADA Council on Membership, who along with Dr. Mike Durbin, vice chair, and Steve Rauchenecker, director of the Council on Membership and Membership Outreach, dressed up as the Three Musketeers.

“In working together with a common goal

**Welcome:** Dr. Tom Kelly, chair of the ADA Council on Membership, welcomes about 150 volunteers and leaders during the 2014 ADA Annual Conference on Membership Recruitment and Retention held April 4-5 at ADA Headquarters.



**Greatest gain:** Holding the Texas Dental Association's awards are (from left) Dr. Jodi Danna, TDA Council on Membership member; Lee Ann Johnson, director of the TDA Department of Member Services and Administration; Dr. David Doerre, chair of TDA Council on Membership; Jane Evans, TDA; and Dr. Carmen Smith, TDA, and member, ADA Council on Membership. TDA's awards include the Greatest Net Gain of New Dentists and Having the Greatest Student Conversion Rate.



**All smiles:** Dr. Donna Meek of Winchester, Ky., shares a laugh during the 2014 ADA Annual Conference on Membership Recruitment and Retention held April 4-5 at ADA Headquarters.

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and acting in concert with each other, the national, state and local associations should be seen as acting as ‘One (association) for all (members),’” said Dr. Kelly.

The Power of 3 initiative underscores the mission of the ADA to “help all members succeed” by delivering programs, services and advocacy for members by working together to maximize value and service regardless of where the experience occurs for members.

“We have to understand that if we’re effective in the Power of 3, we can certainly be effective in delivering best in class service to our members,” said Dr. Charles Norman, ADA president, in welcoming the attendees.

Keynote and other speakers covered a wide range of topics that included addressing key goals of the Power of 3: Enhancing member value, increasing member participation and ensuring a consistent member experience.

“The Power of 3 is an amazingly simple idea to focus on the strengths of each level of the ADA to maximize membership value,” said Jerrell Welch, Oklahoma Dental Association director of membership services. “In a multi-level organization, such as ours, it’s key to create membership value without duplicating efforts and providing redundant benefits. I think this initiative will help us streamline certain services and processes making the entire organiza-

tion more efficient and effective.”

Keynote speaker and best-selling author Kelly McDonald opened the conference by giving sound advice in ways for dental societies to become “go-to” organizations, foster membership loyalty, and craft and deliver a better member experience for every kind of member.

“A personal connection with a fellow dentist is powerful,” said Dr. Alexa Vitek, of the Michigan Dental Association. “No matter how much we embrace technology advancements, there is nothing that can replace a personal connection between two people.”

Other sessions included sharing of emerging, promising and best practices; targeted approaches for reaching new dentist members and prospective members; strategies for maximizing member value; how to deliver excellent member service by interacting effectively with members and navigating challenges at different stages of the membership lifecycle.

Attendees also exchanged ideas, toured the ADA and were honored during an annual awards ceremony recognizing dental societies who saw the most growth or improvement in various categories.

“For me, the ADA Research and Insights session outlining key factors impacting life-long membership was the most important thing I took back from the conference,” said





**Component comment:** Anete Masters, San Fernando Valley Dental Society, speaks during author and keynote speaker Kelly McDonald's presentation, *Crafting the Member Experience*, at the 2014 ADA Annual Conference on Membership Recruitment and Retention.



**Crafting experience:** Best-selling author Kelly McDonald speaks on how a dental society can distinguish itself as a go-to organization, foster long-term membership loyalty and deliver a better member experience in her keynote presentation during the R&R conference at ADA Headquarters.

thing I took back from the conference," said Jason Mauterer, Metro Denver Dental Society director of marketing and communications. "Knowing I need to focus on the students, and specifically working with the faculty of our local dental school really helps guide my upcoming membership events and efforts."

In the end, attendees left reenergized with a sharpened focus on recruitment and retention and access to tools and resources that support member service and member value.

"The ideas shared and the new ones thought up get everyone thinking and focused on our members and the best way to engage them," said Dr. Kelly. "Being in a conference setting with like-minded staff and volunteers breaks down barriers and really builds enthusiasm to go back and reach our members." ■

—solanak@ada.org

## May is high blood pressure month

May is National High Blood Pressure Education Month, and it's a good time to put the spotlight on Million Hearts, an initiative of the U.S. Department of Health and Human Services to prevent 1 million heart attacks and strokes by 2017.

Million Hearts launched in 2012 with the ADA as one of dozens of organizational supporters.

The Centers for Disease Control and Prevention estimates that 1 in 3 U.S. adults—about 67 million people—have

high blood pressure, but only about half have the condition under control.

The Million Hearts initiative emphasizes high blood pressure control as one of the basic defenses against heart



attack and stroke.

More information on the Million Hearts initiative is at [millionhearts.hhs.gov](http://millionhearts.hhs.gov). Information about high blood pressure is available on the CDC's website, [cdc.gov](http://cdc.gov).

The ADA Practical Guide to Patients with Medical Conditions (P031) features a chapter on cardiovascular disease. The guide is \$59.95 for members and \$89.95 retail price. Save \$15 on the guide with promo code 14120 through May 31.

More information on the guide is available at [ADAcatalog.org](http://ADAcatalog.org), or by calling the ADA Member Service Center at 1-800-947-4746. ■

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# ADA Foundation dental student scholarships help dreams come true

BY JEAN WILLIAMS

Some kids love the dentist so much that they want to be one. Eric Brown, recipient of a 2013-14 ADA Foundation Underrepresented Minority Dental Student Scholarship, was one of those kids.

"When I was younger, I had a lot of cavities," said Mr. Brown, 25. "So I would have to go see the dentist a lot. From there, I was able to build a relationship with my dentist, which is actually really cool because I never really had a stable father-figure in my life. So seeing him on a consistent basis, we naturally bonded. We had a good relationship."

Now a second-year dental student at the University of California San Francisco School of Dentistry, Mr. Brown is one of 56 dental students awarded 2013-14 ADAF predoctoral scholarships.

"I was always interested in the sciences," Mr. Brown said. "So once I got to undergrad at U.C. Riverside, I sat back and thought about the different health professions and which one could fit me as a person. I came across dentistry just because of that relationship that I had growing up with my dentist. I figured if I could do any of the health professions, it would be dentistry."

The ADA Foundation awards approximately 54 scholarships annually to second-

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year, predoctoral dental students, including up to 25 to underrepresented minority dental students of African American, Hispanic or Native American descent. From the pool of applicants, up to four winners are granted scholarships named and funded in honor of Dr. Robert B. Dewhirst and Robert J. Sullivan. All scholarships are merit-based and are valued at \$2,500.

Early experiences in dentistry also influenced the course of scholarship recipient Johnny Nobles' life. Mr. Nobles, 25, is a second-year dental student at the UCSF.

"I noticed a lot of disparities in oral health when I was younger," said Mr. Nobles, referring to access to care issues for low-income minorities. "I want to try to lessen some of the disparities, so my main view of dentistry is toward the public health sector."

Both Mr. Brown and Mr. Nobles, who are African American, received underrepresented minority dental student scholarships. So did Cuauhtemoc "Temoc" Gonzalez, 34, who is of Native American and Mexican descent. He is a second-year dental student at University of the Pacific, Arthur A. Dugoni School of Dentistry.

For Mr. Gonzalez, the ADAF scholarship has double benefits. "It's reducing some debt that I'm accruing," Mr. Gonzalez said. "I think that's a big part of it.

But I kind of think of myself as a role model to younger students or other underrepresented minorities that are thinking about dental school."

Mr. Gonzalez is part of Northern California's Miwok Tribe of El Dorado Rancheria. He has served in the ranks of tribe leadership, including a role as chairman of the tribe for a year and a half, he said. Mr. Gonzalez didn't have role models as a child, he said, so he thinks it's important to be one, to be a "good motivator for a lot of young students."

Lydia Lancaster, 25, a second-year student at Ohio State University College of Dentistry, also received an ADAF dental student scholarship.

"As everyone knows, student debt is a huge issue right now, especially in dental education," Ms. Lancaster said. "Student debt just continues to increase. Any financial support is very helpful. It's going to help me. There are so many things that dental students are responsible for paying for while in school, but we don't have the time or the ability to offset those costs; so any type of support I personally appreciate."

Ms. Lancaster is involved in organized



Mr. Brown



Mr. Nobles



Mr. Gonzalez



Ms. Lancaster

dentistry at the local and student levels. She serves as an ASDA consultant for the Ohio Dental Association Council on Access to Care in Public Service. She also is the ASDA liaison to the Columbus Dental Society.

"I couldn't be more honored to be chosen by the ADA Foundation," she said. "I don't know what exactly I want to do with my career. But regardless of what I do, I do know, without a doubt, I'm going to be involved with the ADA because I really believe strongly in organized dentistry." ■

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## ADA Foundation offers new semi-annual grant program

A new ADA Foundation grant program is designed to support nonprofit dental organizations whose projects fall outside the realm of established ADAF grant opportunities.

The ADAF Semi-Annual Grant Program will broaden the scope of the types of programs that the Foundation can support. Proposals from nonprofit organizations for the semi-annual grant still must fall under one of the ADAF's four pillar areas: Charitable Assistance, Access to Care, Research and Education.

"The ADA Foundation Board of Directors developed this new program in response to requests for more flexible grant opportunities," said Dr. David Whiston, ADA Foun-



Dr. Whiston

dation president. "By being more responsive to approaches we don't normally consider, we hope to better fulfill our mission to improve oral health."

The ADAF Semi-Annual Grant Program guidelines and application are available at [adafoundation.org](http://adafoundation.org). Interested organizations should submit applications by July 31.

The amount of each grant will depend on the number of applicants, budget needs pre-

sented in the grant requests and funds available for any particular category at any given time.

In considering grant applications, ADAF will evaluate the following criteria:

- how well the project or program aligns with one of the four pillars of the ADAF mission: Charitable Assistance, Access to Care, Research or Education;
- clarity of the application, including description of the project or program to be funded, the need or problem, population served and similar;
- reasonableness of the work plan and outcomes;
- assurances that the project or program

will produce clear results and measurable outcomes;

- originality and creativity of the proposal or project;
- presentation of a realistic budget that is comprehensive in scope, planning and expense;
- any other criteria the evaluating committee deems relevant in light of the ADAF mission pillar with which the grant request aligns.

Future grant application periods will be posted on the ADAF website and in ADA News.

Visit [adafoundation.org](http://adafoundation.org) for more information. ■

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# Spotlight on practice-based research networks at ADA 2014

BY JEAN WILLIAMS

San Antonio—An Oct. 9 course at ADA 2014—America's Dental Meeting will explore dental practice-based research networks.

The National Practice-Based Research Network is the sponsor for Practice-Based Research: How Can It Help My Practice? The 2.5-hour course is planned for 11:30 a.m.-2 p.m.

PBRNs are an investigative union of practicing dentists and academic scientists conducting studies in dental offices with consenting patients. The National Institute of Dental and Craniofacial Research first funded dental practice-based research networks in 2005 to provide practi-



tioners with an opportunity to propose and participate in research studies addressing oral health care.

Representatives from the National Dental Practice-Based Research Network, headquartered at the University of Alabama at Birming-

ham School of Dentistry, will cover the fundamentals of dental PBRNs at ADA 2014 to help dentists understand the relevance to chairside dentistry. The course is designed to engage the dental audience in the network experience and will examine dental PBRN study findings for isolation techniques and the cracked tooth registry.

Planned speakers include dental PBRN practitioners Drs. Paul Benjamin, of Miami,



Dr. Gilbert

and Walter Manning, of Portland, Ore.; and Dena Fischer of NIDCR. Dr. Gregg Gilbert, National Dental PBRN director and chair of the Department of Clinical and Community Sciences at University of Alabama at Birmingham, is also on the panel.

The no-fee course is worth 2.5 hours of continuing education credits; course code is 5385. To register for the course, visit [ADA.org/meeting](http://ADA.org/meeting).

For more information on the network, visit [NationalDentalPBRN.org](http://NationalDentalPBRN.org). ■

## UNMC College of Dentistry names new dean

Lincoln, Neb.—The College of Dentistry at the University of Nebraska Medical Center named Dr. Janet Guthmiller as its new dean, effective Sept. 1, pending formal approval by the University of Nebraska Board of Regents on May 16.

Dr. Guthmiller is currently the associate dean of academic affairs and professor in the department of periodontology at the University of North Carolina at Chapel Hill School of Dentistry. She will succeed Dr. John Reinhardt who is stepping down after 14 years as UNMC's dentistry dean, according to the April 14 announcement.



Dr. Guthmiller

"Dr. Guthmiller brings a wealth of experience as a dental educator and researcher," said UNMC Chancellor Jeffrey P. Gold, M.D. "She possesses the leadership qualities we need to build on the reputation and accomplishments of the College of Dentistry."

Prior to her current position, Dr. Guthmiller served on the faculty of the Baltimore College of Dental Surgery (now the University of Maryland School of Dentistry) and the University of Iowa College of Dentistry. She has been the associate dean at the University of North Carolina at Chapel Hill since 2007.

Dr. Guthmiller is also an accomplished researcher, author and teacher with special interests in genetic studies of periodontal bacteria and the expression and activity of innate antimicrobial peptides. During her time in academia, she spent 14 years as a practicing periodontist.

Dr. Guthmiller said she plans to partner with dental students, faculty, staff and alumni and friends of the dental school, as well as UNMC's other colleges, on initiatives that will benefit Nebraskans.

"As a statewide campus, UNMC has a mission not only in education, research and clinical care, but also in service," she said. "I look forward to seeing how the college can work and collaborate to help identify and address oral health needs throughout Nebraska and beyond." ■



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## A Winning Hand for all Indirect Restorations



# UMKC Dental Explorer inspires future dentists

BY KIMBER SOLANA

*Kansas City, Mo.*—In an effort to expose high school students in dentistry and spark interest in pursuing the profession, the University of Missouri-Kansas City School of Dentistry hosted a Dental Explorer Post in February.

About 85 high school students got up-close and personal with the profession as they participated in hands-on activities, including practicing intravenous insertion on mannequins and suturing on pieces of chicken breasts with the mentorship of 20 U.S. Naval Reserves members.

In addition, using plastic models, UMKC dental students helped participants with drilling and restoring teeth and making dental impressions.

“Not only does the Dental Explorer program help students in prepping early for applying for dental school, it also helps them by getting their feet wet, so to speak,” said UMKC dental student Erich Chen, who knows a thing or two about the benefits of the program.

While serving in the Navy, Mr. Chen had developed an interest in dentistry and started attending Explorer posts when he was 24 years old to learn more about the profession. After he got off active duty, he ultimately pursued a career in dentistry while serving in the U.S. Naval Reserves. He was one of the reservists mentoring the high school students during the Feb. 8 event.



**Exploring dentistry:** About 85 high school students got up-close and personal with the dentistry profession during a Dental Explorer Post held in February at the University of Missouri-Kansas City School of Dentistry.

“For me, the dental students that taught me how to drill and gave me insight on what to focus on academically really gave me a positive perspective on UMKC and ultimately led me to continue with my career choice,” he said.

The UMKC Dental Explorer Post hosts participants from the Kansas City, Mo., area five or six Saturdays during the academic year and explores all aspects of the dental profession. The two-hour sessions feature a presentation by a dental faculty member or a graduate student, followed by hands-on experience in the pre-clinical laboratory.

Dental Explorer is one of several career education programs by Learning for Life, a subsidiary of the Boy Scouts of America that provides ways for students to shadow professionals and learn about careers in various fields.

For recruitment, UMKC Explorer organizers

attend high school career days in search of students, especially those in under-represented populations in the health care field, who may have an interest in a health care-related profession.

“The goal is to give students exposure to dentistry through meeting our specialists, staff, admissions committee and our dental students,” said organizer John Cottrell, director of Minority and Special Programs at the UMKC School of Dentistry. “This is an opportunity for them to become familiar with us if and when they decide they want to become dentists.”

For more information on the UMKC Dental Explorer Post, contact Mr. Cottrell at 1-816-235-2085 or visit [dentistry.umkc.edu](http://dentistry.umkc.edu). For additional information on Learning for Life and Exploring programs, including creating a local Explorer Post, visit [exploring.learningforlife.org](http://exploring.learningforlife.org). ■

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Partnership Down Payment	NONE	-\$2,000/mo (5-year loan)**
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Net Income	+\$6,029/mo (\$72,350/yr)	+\$17,000/mo (\$180,000/yr)
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Rent	-\$1,200	-\$1,200
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Health Care	-\$650	-\$650
Remaining Income	+\$879/mo (\$10,548/yr)	+\$9,850/mo (\$118,200/yr)
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Photo courtesy American Student Dental Association

**ASDA team:** The ASDA 2014-15 Executive Committee includes (from left) Jason Watts, Daryn Lu, Niveditha Rajagopalan, Nancy Honeycutt and Kristopher Mendoza.

## ASDA elects new leaders

The American Student Dental Association House of Delegates on March 1 elected its 2014-15 ASDA national president, vice presidents and speaker of the House of Delegates during their annual session.

The delegates elected Kristopher Mendoza, a University of California Los Angeles School of Dentistry, as ASDA president. Mr. Mendoza has served as ASDA's 2013-14 District 11 trustee, was an ASDA delegate to the 2013 ADA House of Delegates and serves on the ADA Joint Commission on National Dental Examinations as a student observer.

Elected as ASDA's vice presidents were Daryn Lu, University of Oklahoma College of Dentistry, and Jason Watts, Nova Southeastern University College of Dental Medicine. Niveditha Rajagopalan, Midwestern University College of Dental Medicine-Illinois, was elected speaker. ■

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## Perio bacteria found to spur cancer growth in mouth, say researchers

**Cleveland**—Two bacteria prevalent in periodontal disease form small fatty acids that incite growth of deadly Kaposi's sarcoma-related lesions and tumors in the mouth, said Case Western Reserve University researchers who discovered the potential connection.

Their discovery could be key to the development of testing and preventive treatments. Saliva testing for the bacteria may lead to early treatment and monitoring for signs of KS before malignancy develops. KS of the mouth starts as lesions on the mucosal surfaces. Early detection and treatment of these lesions increase survival rates. If not removed, the lesions can evolve into malignant tumors.

An article describing the discovery, "Short Chain Fatty Acids from Periodontal Pathogens Suppress HDACs, EZH2, and SUV39H1 to Promote Kaposi's Sarcoma-Associated Herpesvirus Replication," ran online Feb. 5 in *The Journal of Virology*.

People with compromised immune systems—particularly those with human immunodeficiency virus—are at significant risk for developing KS. Others at risk include people on medications to suppress rejection of transplants, cancer patients on chemotherapies and the elderly population, whose immune systems naturally weaken with age, according to researchers.

*Porphyromonas gingivalis* and *Fusobacterium nucleatum*, the bacteria associated with periodontal disease, were suspected to contribute to the replication of Kaposi's sarcoma-associated herpesvirus and the development of KS in the mouth.

The researchers recruited 21 subjects for this study. The first group of 11 participants had an average age of 50 and had severe chronic periodontal disease. The second group of 10 participants, whose average age was about 26, had healthy gums, practiced good oral health and showed no signs of bleeding or tooth loss from periodontal disease.

The researchers studied a saliva sample from each. Part of the saliva sample was separated into its components. The remaining saliva was used for DNA testing to track and identify bacteria present, and at what levels. The researchers tested by-products of the components of the saliva samples. They introduced the fatty acid by-products to cells with quiescent KSHV virus in a petri dish. They observed that, while the fatty acids allowed the virus to multiple, the process also set in motion a cascade of actions that also inhibited molecules in the body's immune system from stopping the growth of KSHV.

"The most important thing to come out of this study is that we believe periodontal disease is a risk factor for Kaposi sarcoma tumor in HIV patients," said Fengchun Ye, Ph.D., the study's lead investigator from Case Western Reserve School of Dental Medicine's Department of Biological Sciences. However, the study did not show that people with periodontal disease are actually at higher risk for developing KS lesions in the mouth.

Grants from Center for AIDS Research at Case Western Reserve University and National Institute of Dental and Craniofacial Research supported the research. ■

## Endodontics leader at Baylor dies at 93

BY KELLY SODERLUND

**Dallas**—Dr. Adrian Sampeck, who his family says helped establish the endodontics department at the Baylor College of Dentistry at Texas A&M University has died. He was 93.

Dr. Sampeck was named chair of the department of endodontics at the Baylor College of Dentistry in 1963 and worked in private practice.

He received his dental degree from the University of Nebraska and received a master of science in dentistry from the University



**Dr. Sampeck**

60 years; he retired only three years ago. He

of Michigan School of Dentistry.

"He was one of the first practitioners of modern endodontics in this region, and his patients came to use from virtually every corner of the United States," his daughter, Carole Sampeck, said. "His practice lasted well over

genuinely loved his work. His goal was to relieve pain whenever possible."

Dr. Sampeck was married nearly 70 years to his wife, Kathryn Sampeck. He is survived by his wife and his children, Carole Sampeck, Vicki Sampeck, Paul Sampeck, Patrick Sampeck, Timothy Sampeck, Daniel Sampeck and Dr. Kathryn E. Sampeck; 14 grandchildren and four great-grandchildren. He was preceded in death by his son, Dr. Philip Sampeck, who followed him into the family business as an endodontist in Beaumont, Texas. ■

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# Program brings dental care to Syrians

BY STACIE CROZIER

Buffalo, N.Y.—More than 5,600 miles separate Buffalo, N.Y., and Syrian refugee camps in border towns in Turkey and Jordan, but a Buffalo dentist has enlisted the help of the city's dental community and residents to help millions affected by a devastating civil war.

Moved by the conflict and its effects on some 2.5 million refugees, Dr. Othman Shibly, associate director of the University at Buffalo School of Dental Medicine's Center for Dental Studies, wanted to help. The son of a Syrian father and Lebanese mother, he grew up in Lebanon and attended dental school in Syria before coming to the U.S. in the 1990s.

Dr. Shibly got involved in dental relief for Syrians after Dr. Mohammed Al-Nahas, a dentist in Panama City, Fla., started providing dental care in collaboration with Syrian American Medical Society. With portable dental chairs and equipment, volunteers provided emergency treatment in several areas in Turkey.

"I visited Turkey in July 2012," said Dr. Shibly. "Those refugees are people like us, but they happen to be in the wrong time and the wrong place and they deserve full dental services. Medical relief for Syrians is generally very good. But there is not enough dental care. At first, volunteers were concentrating on war injuries—thoracic and head and neck problems—as well as emergency dental care that was mostly extractions."

Dr. Shibly proposed establishing fully equipped clinics that could offer comprehensive dental services.

After raising about \$11,000 in the Buffalo community and \$5,000 from dental school colleagues, Dr. Shibly was able to secure \$44,000 in grants from Human Concern International, a Canadian relief agency that works in the Middle East, to open clinics in two border cities in Turkey, Killis and Reyhanle.

Dr. Shibly has also received some support from the dental industry, receiving donations of materials and supplies from Ivoclar and Ultradent.

After learning that children in war-torn areas near Damascus were coming to school hungry because of food shortages and in danger of chemical attacks, the Buffalo community also reached out to sponsor 14 schools serving 4,000 Syrian children. Classrooms are located in basements to protect children from chemical attacks.

Dr. Shibly emphasized they need a protocol for dental care in areas of conflict at last month's American Association for Dental Research meeting in Charlotte, N.C., in his presentation, *The Impact of Force Immigration of Syrians on Dental Care*.

His survey of the volunteer dentists at the Syrian border of Jordan and Turkey found that each dental clinic treats a minimum of 50 patients daily and more than 1,290 patients a month. About 75 percent of patients are women and children.



Challenges for dentists include refugees' psychological stress, lack of dental awareness, increased percentage of smokers and overcrowded dental clinics. Refugees sometimes travel hundreds of miles for dental care.

"What we found is that new clinics and more staff are needed to treat these patients. And preventive care services—including oral hygiene instruction, toothbrushes, fluoride treatment and tobacco counseling—need to be expanded. Dentists at these clinics also need training to address the psychological stress of their patients," said Dr. Shibly.

This spring, Dr. Shibly will lead a team of oral surgeons to the Zaatari refugee camp in Jordan. He is also planning a relief trip to Turkey and Lebanon in June.

"The need is great," said Dr. Shibly. "There are more than 4.5 million refugees and more than 9 million in dire need for help. I hope to find groups of dentists or organizations that are interested in funding dental clinics in refu-

gee camps and areas of need."

He estimates that it costs \$15,000-\$20,000 to start a clinic and \$3,000 per month to operate it. Other expenses include \$1,000 to sponsor a volunteer dentist and \$2,000 to purchase dental materials.

The Syrian American Dental Society seeks donations for the dental program. Visit [sams-usa.net](http://sams-usa.net) for more information.

"Something good can happen when you have good intentions," Dr. Shibly added. "There are many people doing all they can on a personal level to make things better. It is my hope that in the world there is pressure to end the conflict and misery."

For more information on Dr. Shibly's work, email [shibly@buffalo.edu](mailto:shibly@buffalo.edu) or call 1-716-480-9647. To learn more about international volunteer opportunities, visit the ADA International Volunteer Web page, [internationalvolunteer.ada.org](http://internationalvolunteer.ada.org), or contact the ADA Division of Global Affairs, ext. 2726. ■

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## Pennsylvania third-graders showcase their skills in NCDHM poster contest

Harrisburg, Pa.—About 150 third-graders from schools statewide used art supplies, creativity and their knowledge of good oral health habits to promote National Children's Dental Health Month in the Pennsylvania Dental Association's 2014 poster contest.

Third-grader Hannah Hulton of Octorara Elementary in Atglen won first place with her poster, "Be the Boss, Brush and Floss." She will receive her framed poster and \$500 at an upcoming school awards assembly. Her school and her teacher will also both receive a \$250 prize for participating in the contest.

Christine Robinson, the certified school dental hygienist for the Octorara Area School District for more than 20 years, has participated in the NCDHM state contest since it launched in 1987. She says the contest is fun for kids in her school district who enjoy the creativity and learning experience.

"The enthusiasm of the third-grade students developing their own dental health poster creates a memory that lasts for many years," said Ms. Robinson. "Some of the high school students in the district still joyfully recall the posters they made in third grade."

Other winners include second place winner Tucker Carrigan, Linglestown Elementary in



Harrisburg, \$250 prize; third place winner Olivia Blight, Solomon Plains Elementary in Plains, \$100 prize; and honorable mention winners: Ava Gower, Colonel John Siegfried Elementary, Northampton; Shayla Dailey, Linglestown Elementary; Tyler Kauffman, Colonel John Siegfried Elementary; Sam Lightner, Dillsburg Elementary, Dillsburg; Grace Marshall, Kistler Elementary, Wilkes-Barre; Hugh Salva, St. Michael the Archangel School, Coopersburg; and Jay Youn, Solomon Plains Elementary.

The contest was open to third-grade students in any Pennsylvania public, private or charter school. For more details on the contest or on the PDA, visit [padental.org](http://padental.org). ■



# CE series

Continued from Page 1

In an effort to vitalize online continuing education and creating ADA member value, Bob's case will be part of a CE online series where ADA members are able follow his treatment—from diagnosis to surgery—through courses to be posted on ADA CE Online.

Each step in the process will be filmed—from Bob's initial examination and diagnosis and taking appropriate recordings of his mouth to surgery and placement of implants and prosthesis.

In all, the process is expected to take about 18 months, culminating in a three-hour Education in the Round course at the ADA 2015—America's Dental Meeting in Washington, D.C., by Dr. Massad.

"This is going to be a conservative but rational approach," said Dr. Massad. "What we don't want to do is do everything in one day as Bob wouldn't adapt as well to the changes."

Dr. Massad and Bob first met briefly during last year's annual meeting in New Orleans to see if Bob would be a good candidate for a future Education in the Round session. Bob, an accountant at the ADA, has staffed the annual event.

Bob's dentist in Chicago had already recommended that a full-mouth restoration was needed. Bob sought out "a second opinion" from Dr. Massad, who ultimately agreed.

When he was younger, Bob said, he had bad habits when it came to dental care, sometimes going days without brushing.

"When I ate candy, I actually chewed hard



## FOLLOW BOB



**Diagnosing Bob:** Robert "Bob" Hartman visits with Dr. Joseph Massad in Tulsa, Okla. Bob will undergo full-mouth restoration of his dental problems. The 18-month process, from diagnosis to recovery, will be part of an ongoing online continuing education series available at ADACEonline.org beginning in May.

said Bob was a moderate skeletal class III all his life. In addition, Bob has lost several teeth over the years. Bob had a more extensive visit in March.

These initial visits will be featured in the first CE online session at ADACEonline.org, expected to launch in May.

"We've done a lot of live patient courses at the ADA Annual Meeting since 2007 and many online courses featuring live-patient video," said Richard Schuch, ADA director of Continuing Education and Industry Relations. "But we've never taken a look at a patient from beginning to end and let our members follow that patient. We've wanted to do this for a long time."

"We feel ADA members and dental students will benefit from the value of this type of educational series and will look forward to experiencing each step of the case from the patient's perspective, as well as the practitioner's."

The second course in the series will feature Dr. Little, an oral surgeon, removing Bob's teeth. In addition, the first set of titanium posts will be placed into the jawbone, which will hold the teeth later. The surgery is scheduled for this month. After about six months, another set of implants will be added.

"I know there will be times when I'll think, 'What did I do?'" Bob said, regarding the recovery process. "But I've gone 30 years without a full mouth of teeth, so I'm looking forward to having a normal look and a normal smile." ■

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candy," he said. "I know these bad habits, and along with age, are the reasons my teeth has started to break down."

After the initial meeting, Bob sent over dental computerized tomography scans. In January, Dr. Massad further inspected Bob's mouth. Based on the findings, Dr. Massad

## ADA CE Online features 24 new courses

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To register, create a login and password at ADACEOnline.org. Registrants may select from a variety of educational programs that reflect a broad range of contemporary information. ■





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Continental Dental Laboratories	Torrance	CA	800-443-8048
Creative Porcelain	Oakland	CA	800-470-4085
Crowns R Us	Brea	CA	866-315-8338
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482
Denton Dental Laboratory	Santa Ana	CA	714-426-2930
G & H Dental Arts, Inc.**	Torrance	CA	800-548-3384
Glidewell Laboratories**	Newport Beach	CA	800-854-7256
Ikon Dental Design	San Leandro	CA	510-430-9659
Killian Dental Ceramics	Irvine	CA	800-317-7100
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
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
OD's Dental Lab	Santa Ana	CA	714-435-8083
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
Dahlin Dental Laboratory	Lakewood	CO	800-536-8241
Gnathodontics, Ltd.	Lakewood	CO	800-234-9515
JP Dental Lab	Grand Junction	CO	970-243-2025
Zinser Dental Lab, Inc.	Westminster	CO	303-650-1994
Yankee Dental Arts Laboratory	Wethersfield	CT	800-447-3941
Dodd Dental Laboratories	New Castle	DE	800-441-9005
Carlos Ceramics Dental Lab	North Miami Beach	FL	305-940-4040
DigiTech Dental Restorations	Doral	FL	888-336-1301
DSG - Clearwater	Clearwater	FL	800-237-1723
Knight Dental Group	Oldsmar	FL	800-359-2043
TLC Dental Laboratory	Orlando	FL	800-262-2547
Daniel Dental Laboratory	Macon	GA	478-997-0201

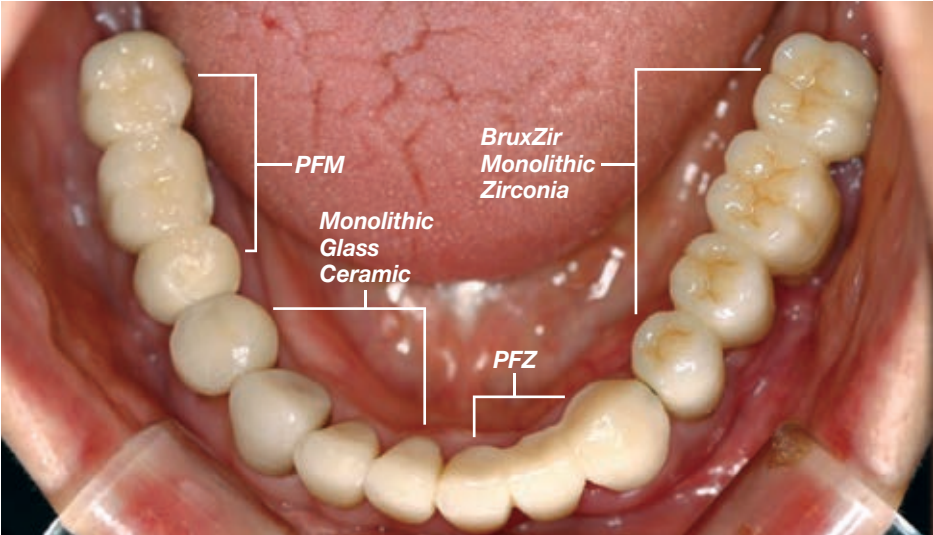
AUTHORIZED BRUXZIR LABORATORY	CITY	STATE	PHONE
New Image Dental Laboratory**	Morrow	GA	800-233-6785
Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
Ridge Craft Dental Laboratory	La Grange	GA	800-516-0281
Seckler Crown Dental Lab	Atlanta	GA	770-804-1005
The Lab 2000, Inc.	Columbus	GA	800-239-3947
Vital Ceramics	Roswell	GA	770-992-8843
Eclipse Dental	Waterloo	IA	319-232-6020
Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
Eastside Crown & Bridge Inc.	Pocatello	ID	208-237-2525
McClure Dental Lab Design Inc.	Meridian	ID	208-884-0636
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
Kobler Enterprises Inc. Dental Laboratory	Mount Prospect	IL	847-788-1426
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
Heumann & Associates Dental Laboratory	Topeka	KS	800-255-2412
Heumann Dental Laboratory	Fairway	KS	800-888-1925
Myron's Dental Laboratory	Kansas City	KS	800-359-7111
Pearce-Turk Dental Laboratory	Wichita	KS	800-835-2776
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
Yankee Dental Arts Agawam Laboratory	Agawam	MA	800-732-2891
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
Port City Dental Lab Inc.	Windham	ME	207-892-2386
Artistic Dental Lab**	Allen Park	MI	800-437-3261
Coulter Dental Lab	Flint	MI	810-733-3310
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Davis Dental Laboratory	Wyoming	MI	800-253-9227
Davison Dental Lab	Flint	MI	800-340-6971
Dental Art Laboratories	Lansing	MI	800-444-3744
K & M Dental Lab	Lansing	MI	517-394-1975
LaDouce Dental Lab	Saginaw	MI	989-799-0472
Nelson Dental Laboratory	Rochester Hills	MI	800-570-2131
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
Boos Dental Laboratory	Golden Valley	MN	800-333-2667
Custom Crown Craft	Alexandria	MN	800-568-5414
Dental Services Group	Minneapolis	MN	800-259-3717
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



are looking even more impressive!



*BruxZir Solid Zirconia* has become the new high-strength, biocompatible option for fixed restorations, from single-unit crowns to full-arch implant supported prostheses.



Full-arch case from dentist Sung-Kim, Republic of Korea, shows the natural-looking esthetics of *BruxZir Solid Zirconia* compared to PFM, PFZ and monolithic glass ceramic restorations.

AUTHORIZED BRUXZIR LABORATORY	CITY	STATE	PHONE
Trachsel Dental Studio**	Rochester	MN	800-831-2362
Udell Dental Laboratory	St. Louis Park	MN	800-248-9943
Webster Dental Laboratory	Saint Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Becker Dental Lab, Inc.	Herculaneum	MO	800-963-6691
Creative Dental Arts, Inc.	Raytown	MO	800-633-4083
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
Verch Dental Ceramics	Ellisville	MO	888-868-3724
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	Char	NC	800-476-2771
Natural Ceramics Inc.	Fayetteville	NC	910-425-8296
Real Time Dental Lab	Rocky Mount	NC	877-830-4770
Sirona InfiniDent	Charlotte	NC	800-659-5977
The Freeman Center	Stallings	NC	800-659-7636
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
Laxmi Dental Lab USA Inc.	Iselin	NJ	732-372-4412
Ceratek Dental Laboratory	Roswell	NM	575-623-7533
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Sterling Dental Lab Inc.	Las Cruces	NM	576-644-4485
Core 3D Centres, LLP	Las Vegas	NV	888-750-9204
Crown Dental Lab, LLC	Las Vegas	NV	702-432-4012
Las Vegas Dental Studio	Las Vegas	NV	800-455-1598
Las Vegas Digital Dental Solutions**	Las Vegas	NV	800-936-1848
Las Vegas Esthetics	Las Vegas	NV	800-711-6011
Americus - New York	Jamaica	NY	800-222-8980
Creo Dental	New York	NY	212-302-3860
DP/Mt. Vernon Dental Laboratory	Mt. Vernon	NY	800-431-1797
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	Westerville	OH	614-751-9888
Dresch/Tolson Dental Laboratory	Sylvania	OH	800-843-4110
Form & Function Laboratory	North Royalton	OH	800-423-8453
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
Simon DeChatlet Dental Laboratory	Miamisburg	OH	800-448-6684
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
International Dental Arts, Inc.	Tulsa	OK	800-741-0002
Applegate Dental Ceramics	Medford	OR	541-772-7729
Abel Dental Laboratory	Uniontown	PA	800-524-1106
Albensi Laboratories**	Irwin	PA	800-734-3064
DeLux Dental Laboratory	Reading	PA	800-541-5642
Dental Services Group of Pittsburgh	Pittsburgh	PA	800-322-7080
Innovative Dental Arts	North Huntingdon	PA	866-305-5434

\*\*Authorized BruxZir Milling System on site

AUTHORIZED BRUXZIR LABORATORY	CITY	STATE	PHONE
Maverick Dental Laboratories	Export	PA	866-294-7444
Muth & Mumma Dental Laboratory	Harrisburg	PA	800-932-0584
Newtech Dental Laboratories	Lansdale	PA	866-635-5227
Shu Dental Laboratory, Inc.	Morrisville	PA	800-929-9846
Thayer Dental Laboratory	Mechanicsburg	PA	800-382-1240
Windl Dental Laboratory	New Castle	PA	800-645-4576
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Associated Dental Lab Inc.	Rapid City	SD	605-343-7437
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
Rogers' Dental Laboratories	Athens	TN	800-278-6046
Affordable Cosmetic Laboratories	Arlington	TX	860-258-0678
C & J Dental Lab	El Paso	TX	915-564-3800
Concert Dental Lab	Richardson	TX	800-449-3514
Crystal Dental Ceramics	Richardson	TX	972-680-1660
Dale Dental, Inc.**	Richardson	TX	888-438-3253
Dental Dynamics Laboratory Inc.	Arlington	TX	800-640-8112
Mascola Esthetics	San Antonio	TX	877-490-5533
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
Swift Lab	South Jordan	UT	866-505-9090
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
Marine Dental Lab	Annandale	VA	703-256-3601
NexTek Dental Studios	Manassas	VA	800-678-7354
The Point Dental Studio, LLC	West Point	VA	804-337-5477
Choice Dental Laboratory	Federal Way	WA	253-946-0903
Pacific Dental Arts	Olympia	WA	360-438-1882
Ziemek Aesthetic Dental Lab	Olympia	WA	866-943-6357
Gessler's Dental Laboratory	Tomahawk	WI	715-453-4383
Lord's Dental Studio	DePere	WI	800-821-0859
Saber Dental Studio	Waukesha	WI	800-365-3210
Winnebago Dental Lab	Appleton	WI	920-735-1208
Midtown Dental Laboratory	Charleston	WV	800-992-3368
Standard Dental Laboratory	Clarksburg	WV	800-842-6265
Tincher/Butler Dental Laboratory	South Charleston	WV	800-225-4699

INTERNATIONAL LABS SERVICING THE U.S.			
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

BruxZir is a registered trademark of Glidewell Laboratories.



# Time to plan for San Antonio

## Registration opens May 1

*San Antonio*—The “Alamo City” will welcome thousands of dental professionals, families and friends this fall for ADA 2014—America’s Dental Meeting.

The annual meeting convenes Oct. 9-14 at the Henry B. Gonzales Convention Center and features more than 300 continuing education courses, pre-session CE options, more than 550 exhibitors in the ADA Exhibit Hall,

the second ADA Mission of Mercy charitable dental event, a variety of special events, networking opportunities and the annual House of Delegates meeting.

### Come early to learn

This year’s continuing education program kicks off with two daylong pre-session courses on Wednesday, Oct. 8, 8 a.m.-5 p.m.

Dr. David Kimmel and faculty members of the American Academy of Facial Esthetics will present Botox Therapeutic for Every Dental Practice. Instructors will conduct live-patient demonstrations on how to use botulinum toxin (Botox) for dental esthetic and therapeutic purposes in oral and maxillofacial areas, how to bring botulinum toxin into a practice immediately and produce excellent therapeutic outcomes.

Participants will learn to evaluate, treatment plan and inject live patients for best therapeutic

**ADA.2014**  
AMERICA'S DENTAL MEETING

October 9-14 • San Antonio

outcomes; understand the anatomy of the oral and maxillofacial areas; and learn the proper dosage, reconstitution and delivery techniques for precise treatment. Cost is \$1,797 for dentists and \$295 for team members (course 4101).

New dentists and dentists who aspire to become volunteers should register for Volunteer: The World Outside Your Office. Dr. Christopher Holmgren, Dr. Kevin Hardwick and Bella Monse will cover global oral health problems; creating sustainable development projects that are responsive to local needs and resources and help support the local health care infrastructure; and implementing primary health care programs using scientifically based public health and health promotion principles. Cost is \$145 and includes breakfast and lunch (course 4102).

### Stay late to help

For the second year, annual meeting attendees will be able to give back by volunteering for the ADA Mission of Mercy free dental clinic from 5:30 a.m.-5:30 p.m. in San Antonio. Dentists, dental assistants, dental hygienists and family and friends ages 18 and over are encouraged to volunteer. Last year, more than 1,100 dentists, dental team members and others from 40 states donated their time and talents to treat more than 800 patients in New Orleans.

### Big howdy

Make time Oct. 9 to attend the ADA 2014 Welcome Celebration from 6:30-9:30 p.m. at Historic Sunset Station. Guests will enjoy a tailgate dinner, interactive games, live music and dancing. Cost is \$65 for adults, \$35 for children under 12 and includes round-trip transportation from ADA hotels not within walking distance, admission, Texas-style tailgate meal and two drink tickets for beer, wine, soft drinks and bottled water.

### Welcome women dentists

The American Association of Women Dentists will hold its 93rd Annual Meeting in conjunction with ADA 2014. The special daylong program Oct. 9 features four CE courses, an awards and installation ceremony for its 2015 board of directors and a networking reception. Registration is \$85 for AAWD members and \$115 for nonmembers, and includes all CE programs, lunch and a cocktail reception. Register using the ADA 2014 registration system at [ADA.org/meeting](http://ADA.org/meeting).

### Explore San Antonio

More than 26 million visitors each year enjoy San Antonio’s historic and diverse atmosphere, including the two most visited attractions in Texas—the Alamo and the River Walk. The Alamo City is the seventh-largest city in the U.S. and the third-fastest-growing city in America, yet it retains its friendly, low-key reputation as a safe, friendly, walkable city rich in the arts, dining, nightlife, historic architecture and shopping. Find detailed information on local attractions, dining, shopping and transportation at [ADA.org/meeting](http://ADA.org/meeting) and visit the About San Antonio website at [visitsanantonio.com/ADA2014](http://visitsanantonio.com/ADA2014).

The ADA has contracted reduced rates with multiple hotels in San Antonio for annual meeting attendees. Making your hotel reservations through the ADA allows the Association to keep your registration costs low

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October 9-14 • San Antonio

Education: October 9-12 • Exhibition: October 9-11  
House of Delegates: October 10-14

## Discover the difference.

ADA 2014 is your national meeting.



Registration opens May 1 at [ADA.org/meeting](http://ADA.org/meeting).



# Plan to attend opening session, special CE courses at the Alamodome

**San Antonio**—President George W. Bush will be the featured speaker at the Opening General Session and Distinguished Speaker Series at ADA 2014—America's Dental Meeting, Oct. 9, from 9-10:30 a.m. at the Alamodome.

This event is free to registered attendees, but advance registration is required. Only 8,000 seats are available for this special event, so attendees must register to reserve a spot.

The 2014 Distinguished Speaker Series is presented by Church & Dwight, the makers of ARM & HAMMER, Spinbrush and ORAJEL oral care products.

The Opening Session will also commemorate the achievements of the ADA to improve oral health for all and showcase the work of Dr. Raymond S. Damazo, the 2014 ADA Humanitarian Award recipient.

Meeting-goers heading to the Alamodome to hear President Bush can also earn continuing education at one of four Presidential Whistle Stop courses at the Alamodome from 7-8 a.m. on Oct. 9. Those who register for one of these courses will receive a reserved seat for the Opening Session. Cost for each course is \$50. Courses include:

- Let's Talk About Infection Control, by John Molinari, Ph.D., will cover current Centers for Disease Control and Prevention Guidelines for Infection Control in Dentistry, OSHA updates and accumulated data for health care

risks, vaccines and preventive measures. Learn about evidence-based information and the misuse of procedures that conflict with scientific and clinical knowledge (course 5155).

- Adhesive Materials Simplified, by Dr. Jeff Brucia, will provide an overview of the many adhesive materials available and how to choose the best one for a given situation. Dr. Brucia will also discuss why glass ionomers are a must-have



**President Bush**

material and how to master the clinical techniques to achieve predictable success (course 5130).

- The Wellness Advantage: Your Value-Added Practice, by Dr. Uche Odiatu, will show participants how to add value to their patient experience. Dr. Odiatu will discuss the link between a patient's mouth and lack of sleep, demanding shift work, poorly managed stress, overeating and sedentary living and how to see the bigger

picture and understand the body, mind and mouth relationship (course 5181).

Snoring Kids, Sleepy Kids: Pediatric Apnea 2014, by Dr. Steve Carstensen, will demonstrate how to help parents identify children at risk for sleep apnea, understand the consequences of untreated disease and coordinate care with diagnosing physicians, surgeons and orthodontists (course 5156).

Visit [ADA.org/meeting](http://ADA.org/meeting) to register for a Presidential Whistle Stop CE course and reserve a seat for the Opening General Session and Distinguished Speaker Series. ■

## ADA 2014

*Continued from Page 30*

and continue to negotiate competitive rates for future annual meetings. Guests at ADA hotels receive complimentary shuttle service to the convention center and rate integrity—if an official hotel's rate decreases over the dates of the annual meeting, so does yours.

### Networking, shopping and fun

While at ADA 2014, mark your calendar for a variety of activities and special events, including:

- Opening General Session and Distinguished Speaker Series, Oct. 9, 9-10:30 a.m. at the Alamodome (See story, this page.);
- Welcome Celebration, Oct. 9, 6:30-9:30 p.m., at Historic Sunset Station;
- Continuing education courses, Oct. 9-12, various locations;
- ADA Exhibit Hall, Oct. 9, 10:30 a.m.-6:30 p.m., Oct. 10, 8 a.m.-5:30 p.m. and Oct. 11, 9:30 a.m.-3 p.m. at the convention center;
- New Dentist Reception, Oct. 10, 5:30-7 p.m. at the convention center;
- ADA Foundation Give Kids A Smile Gala, Oct. 10 at San Antonio Marriott Rivercenter Grand Ballroom;
- ADA House of Delegates, Oct. 10-14 at the convention center;
- Corporate Forums, Oct. 11 at the convention center;
- ADA Mission of Mercy, Oct. 12, 5:30 a.m.-5:30 p.m. at the convention center.

### Tools and information

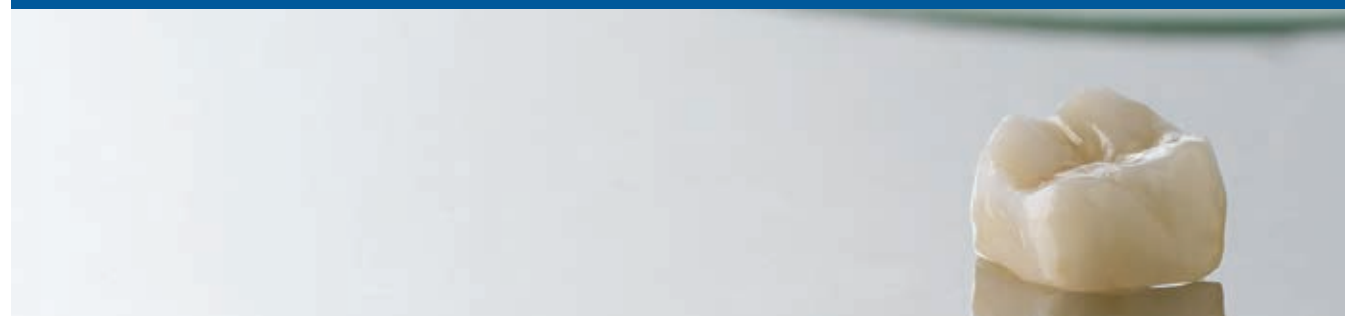
Registration for the meeting, CE courses and hotels opens May 1. Order a free copy of the print Preliminary Program from the ADA Catalog at [adacatalog.org](http://adacatalog.org) (under Product Spotlight) or at [ADA.org/meeting](http://ADA.org/meeting) (click on the Continuing Education tab) or download a PDF version. Meeting-goers will also be able to use the online schedule builder eventScribe to plan their schedules. ■

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The Dental Company

**sirona**



# 2014 student ethics video contest entries sought

The submission period is open for the 2014 Student Ethics Video Contest, which the ADA Council on Ethics, Bylaws and Judicial Affairs sponsors annually. The entry deadline is July 31.

CEBJA has sponsored the contest since 2010 to draw student attention to the ethical dilemmas that dental students and dentists may encounter and to provide an exercise focusing on appropriate responses based on the ADA Principles of Ethics and Code of Professional Conduct.

"The contest brings a focus on ethics and the Code as a differentiator for our profession," said Dr. Richard Rosato, CEBJA chair.

"The council feels that the Code is what creates and maintains the public



**Dr. Rosato**

view of dentistry as a profession versus a trade and begins the process of building trust with the public.

"The contest creates an environment of exposure and learning of the Code to our soon to be dentists and allows a vision of how the Code might help in the day-to-day practice dilemmas that

we all encounter."

The contest is open to degree-seeking students at, or new graduates of, any ADA-accredited dental school who are 18 or older, U.S. citizens and members in good standing of the American Student Dental Association.

To qualify, videos should be no more than four and a half minutes long and must portray the application of one or more principle, code or advisory opinion contained in the ADA Principles of Ethics and Code of Professional Conduct.

The 2014 first place winner will receive \$2,000. An honorable mention video will be awarded \$1,000. CEBJA will announce the winners at the ADA 2014—America's Dental Meeting in San Antonio, where the winning videos also will be on display.

"Implanting Greed" and "Gray Areas," the 2013 grand prize winner and honorable mention winner, respectively, can be viewed online at [ADA.org/4064.aspx](http://ADA.org/4064.aspx).

For more information, contest rules and entry forms, contact Earl Sewell at [sewelle@ada.org](mailto:sewelle@ada.org). ■

## Dental group reaches 11,000 with NCDHM education



**Toothy fun:** Children at Meadowbrook Elementary School dressed as teeth and get "brushed" by dental assistant Crystal Steinbrecher during a toothbrushing demonstration.

*Wauwatosa, Wis.*—Dental Associates dentists and staff members throughout Wisconsin hosted oral health education events at daycare centers, YMCAs, pre-schools and elementary schools in their communities, reaching more than 11,000 children in February for National Children's Dental Health Month.

Dentists and dental assistants from Dental Associates clinics in Milwaukee, Wauwatosa, Franklin, Sturtevant, Kenosha, Fond du Lac, Green Bay, Appleton, north Appleton and Greenville hosted interactive classroom visits in their communities, emphasizing brushing, flossing, regular checkups and healthy diet for good oral health.

"It was exciting to tally the numbers because our 10 clinics reached 11,000 children," said Dr. Thomas Manos, president of Dental Associates. "We're committed to helping our communities in every way we can and enjoy teaching little ones how to care for their teeth."

Presenters discussed brushing twice a day for at least two minutes, flossing, seeing a dentist for regular checkups and the importance of a healthy diet.

Each child received a dental kit with a toothbrush, toothpaste, floss and dental care information. ■

## "Being underinsured is not a risk I'm willing to take."

— D.M.D Specialist, Fearless Kayaker



Here's how much life insurance an ADA Member Dentist with two kids and her own practice might need — and how little she would have to pay for it:

### 2014 ADA-sponsored Members Term Life insurance

Semi-annual premiums\*  
(42-year-old dentist)

Coverage	Preferred	Standard
\$1,000,000	\$92.22	\$170.17

### Today's ADA Member Dentist:

Loves prosthodontics and Class IV rapids.

**Challenge:** Wants the security of knowing her loved ones are fully protected.

**Solution:** ADA-sponsored members term life insurance provides the high limits of coverage she needs at exclusive, ADA member-only rates.

### ADA Members Insurance Plans

Let our Insurance Plan Specialists help you find your own solutions. Call us at 866.607.5330 or visit [insurance.ada.org](http://insurance.ada.org). For ADA membership information call 312.440.2500 or visit [ada.org](http://ada.org).

\*Semi-annual rates are effective as of 1/1/14 and include a 55% Premium Credit discount. The ADA's Premium Credit discount allows plan participants to benefit from favorable claim experience; discount is not guaranteed but re-evaluated annually. A 9% volume discount has been reflected in the premium shown, a discount of 11% is available with higher coverage amounts.

For information about coverage provisions and limitations, terms for keeping coverage in force, or insurance costs, contact ADA Members Insurance Plans.

Benefits are provided through a group policy (No. 104TLP Term Life) filed in the State of Illinois in accordance with and governed by Illinois law, issued to the American Dental Association, and underwritten by Great-West Life & Annuity Insurance Company. Coverage is available to all eligible ADA members residing in any U.S. state or territory. Term Life premiums increase annually based on age. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy.

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